

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
2012 DEC -3 AM 11:56
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. FEDERAL MAIL CENTER
12 FEB 4 2015

INMAN MILLS GOOD GOVERNMENT FUND

ADDRESS (number and street) PO BOX 207

Check if different than previously reported. (ACC)

INMAN SC 29349

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00142893

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y

10 / 01 / 2012 through 11 / 26 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JAMES C. PACE, JR.

Signature of Treasurer James C Pace, Jr. Date M M / D D / Y Y Y Y Y Y

11 / 27 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

12030963153

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INMAN MILLS GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M	
1	0	

 /

D	D	
0	1	

 /

Y	Y	Y	Y	Y	Y
2	0	1	2		

 To:

M	M	
1	1	

 /

D	D	
2	6	

 /

Y	Y	Y	Y	Y	Y
2	0	1	2		

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>2</td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	2	0	1	2			<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>5</td><td>7</td><td>8</td><td>7</td><td>3</td><td>8</td></tr></table>	Y	Y	Y	Y	Y	Y	5	7	8	7	3	8
Y	Y	Y	Y	Y	Y																					
2	0	1	2																							
Y	Y	Y	Y	Y	Y																					
5	7	8	7	3	8																					
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>7</td><td>1</td><td>2</td><td>3</td><td>8</td></tr></table>	Y	Y	Y	Y	Y	Y	2	7	1	2	3	8													
Y	Y	Y	Y	Y	Y																					
2	7	1	2	3	8																					
(c) Total Receipts (from Line 19)	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>6</td><td>3</td><td>5</td><td>0</td><td>0</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	6	3	5	0	0		<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>3</td><td>8</td><td>1</td><td>0</td><td>0</td><td>0</td></tr></table>	Y	Y	Y	Y	Y	Y	3	8	1	0	0	0
Y	Y	Y	Y	Y	Y																					
6	3	5	0	0																						
Y	Y	Y	Y	Y	Y																					
3	8	1	0	0	0																					
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>3</td><td>3</td><td>4</td><td>7</td><td>3</td><td>8</td></tr></table>	Y	Y	Y	Y	Y	Y	3	3	4	7	3	8	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>9</td><td>5</td><td>9</td><td>7</td><td>3</td><td>8</td></tr></table>	Y	Y	Y	Y	Y	Y	9	5	9	7	3	8
Y	Y	Y	Y	Y	Y																					
3	3	4	7	3	8																					
Y	Y	Y	Y	Y	Y																					
9	5	9	7	3	8																					
7. Total Disbursements (from Line 31).....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	5	0	0	0	0		<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>6</td><td>7</td><td>5</td><td>0</td><td>0</td><td>0</td></tr></table>	Y	Y	Y	Y	Y	Y	6	7	5	0	0	0
Y	Y	Y	Y	Y	Y																					
5	0	0	0	0																						
Y	Y	Y	Y	Y	Y																					
6	7	5	0	0	0																					
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>8</td><td>4</td><td>7</td><td>3</td><td>8</td></tr></table>	Y	Y	Y	Y	Y	Y	2	8	4	7	3	8	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>8</td><td>4</td><td>7</td><td>3</td><td>8</td></tr></table>	Y	Y	Y	Y	Y	Y	2	8	4	7	3	8
Y	Y	Y	Y	Y	Y																					
2	8	4	7	3	8																					
Y	Y	Y	Y	Y	Y																					
2	8	4	7	3	8																					
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	Y																			
Y	Y	Y	Y	Y	Y																					
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	Y																			
Y	Y	Y	Y	Y	Y																					

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

12030963154

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

INMAN MILLS GOOD GOVERNMENT FUND

Report Covering the Period: From:

10 / 01 / 2012

To:

11 / 26 / 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

6 3 5 0 0

3 8 1 0 0 0

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

6 3 5 0 0

3 8 1 0 0 0

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

6 3 5 0 0

3 8 1 0 0 0

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

6 3 5 0 0

3 8 1 0 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

6 3 5 0 0

3 8 1 0 0 0

12030963155

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share

--

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(ii) Non-Federal Share.....

--

--

(b) Other Federal Operating Expenditures

--

--

(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

--

--

22. Transfers to Affiliated/Other Party Committees.....

--

--

23. Contributions to Federal Candidates/Committees and Other Political Committees.....

5 0 0 0 0

6 7 5 0 0 0

24. Independent Expenditures (use Schedule E).....

--

--

25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....

--

--

26. Loan Repayments Made.....

--

--

27. Loans Made.....

--

--

28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees

--

--

(b) Political Party Committees

--

--

(c) Other Political Committees (such as PACs).....

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(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

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29. Other Disbursements

--

--

30. Federal Election Activity (2 U.S.C. §431(20))

(a) Allocated Federal Election Activity (from Schedule H6)

(i) Federal Share

--

--

(ii) "Levin" Share.....

--

--

(b) Federal Election Activity Paid Entirely With Federal Funds

--

--

(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....

--

--

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

5 0 0 0 0

6 7 5 0 0 0

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

5 0 0 0 0

6 7 5 0 0 0

5 0 0 0 0

6 7 5 0 0 0

5 0 0 0 0

6 7 5 0 0 0

12030963156

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6 3 5 0 0	3 8 1 0 0 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6 3 5 0 0	3 8 1 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

12030963157

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1 OF 5

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. GEORGE A. ABBOTT, JR.

Mailing Address

211 WINFIELD DRIVE

City State Zip Code
SPARTANBURG SC 29302

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INMAN MILLS V P MANUFACTURING

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 4 9 8 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

8 3 0 0

Full Name (Last, First, Middle Initial)

B. DAVID BLACKWELL

Mailing Address

130 BLACKWELL PLACE

City State Zip Code
INMAN SC 29349

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INMAN MILLS I T MANAGER

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1 8 0 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

C. PATRICIA H. ROBBINS

Mailing Address

307 MITCHELL ROAD

City State Zip Code
INMAN SC 29349

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INMAN MILLS CORPORATE SECRETARY

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1 4 4 0 0

Date of Receipt

1 0 3 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

2 4 0 0

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12030963158

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
WILLIAM E. BOWEN, JR.

Mailing Address
137 MARSHALL BRIDGE DRIVE

City State Zip Code
GREENVILLE SC 29605

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INMAN MILLS V P PURCHASING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2 8 8 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

4 8 0 0

B. Full Name (Last, First, Middle Initial)
BRAD BURNETT

Mailing Address
P.O. BOX 308

City State Zip Code
ENOREE SC 29335

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INMAN MILLS PLANT MANAGER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2 4 0 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

4 0 0 0

C. Full Name (Last, First, Middle Initial)
ROBERT H. CHAPMAN, III

Mailing Address
543 OTIS BLVD.

City State Zip Code
SPARTANBURG SC 29302

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INMAN MILLS CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5 7 0 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

9 5 0 0

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12030963159

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. NORMAN H. CHAPMAN

Mailing Address

764 PLUME STREET

City State Zip Code
SPARTANBURG SC 29302

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
COO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 6 8 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

7 8 0 0

Full Name (Last, First, Middle Initial)

B. MICHAEL D. ELLIOTT

Mailing Address

P.O. BOX 85

City State Zip Code
WOODRUFF SC 29388

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
PERSONNEL DIRECTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 5 0 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

2 5 0 0

Full Name (Last, First, Middle Initial)

C. DON FOSTER

Mailing Address

214 SPRINGS LAKE LOOP

City State Zip Code
SIMPSONVILLE SC 29681

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
CORP. HR DIRECTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 8 0 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

3 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12030963160

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. WILLIAM C. HIGHTOWER, III

Mailing Address

206 THORNHILL DR.

City

SPARTANBURG

State

SC

Zip Code

29301

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

DIRECTOR OF PRODUCT DEVELOPMENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,160.00

Date of Receipt

10 / 31 / 2012

Amount of Each Receipt this Period

3600

Full Name (Last, First, Middle Initial)

B. JAMES C. PACE, JR.

Mailing Address

234 NORTH LAKE EMORY DRIVE

City

INMAN

State

SC

Zip Code

29349

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

CFO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

10 / 31 / 2012

Amount of Each Receipt this Period

4400

Full Name (Last, First, Middle Initial)

C. KEMP SMITH

Mailing Address

P.O. BOX 187

City

ENOREE

State

SC

Zip Code

29335

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

PLANT MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

10 / 31 / 2012

Amount of Each Receipt this Period

3400

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

19196605021

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 5
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. BEN TRUSLOW

Mailing Address

224 S. LAURENS ST. UNIT #406

City

GREENVILLE

State

SC

Zip Code

29601

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

VP SALES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 2 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

4 2 0 0

Full Name (Last, First, Middle Initial)

B. MICHAEL KEITH WOODS

Mailing Address

204 HAMPTON BLVD.

City

GAFFNEY

State

SC

Zip Code

29341

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

QUALITY CONTROL

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 5 6 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 2

Amount of Each Receipt this Period

2 6 0 0

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6 3 5 0 0

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 1			
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. LARRY KISSELL FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 02 / 2012
Mailing Address PO BOX 1530		Amount of Each Disbursement this Period 5,000.00
City BRISCOE	State NC	
Zip Code 27209		Category/Type 011
Purpose of Disbursement CONTRIBUTION		
Candidate Name LARRY KISSELL		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 8		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/Type
Purpose of Disbursement		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/Type
Purpose of Disbursement		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5,000.00
TOTAL This Period (last page this line number only).....▶	5,000.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
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