

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2013 JUL 16 PM 12:12
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5 EC MAIL CENTER

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 ▲

C 0 0 1 4 2 8 9 3

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

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

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

Election on

MM / DD / YYYY

in the State of

XX

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

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

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

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

MM / DD / YYYY

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

13031091179

**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
0	1

 /

D	D
0	1

 /

Y	Y	Y	Y	Y	Y
2	0	1	3		

 To:

M	M
0	6

 /

D	D
3	0

 /

Y	Y	Y	Y	Y	Y
2	0	1	3		

13031091180

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

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

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:

01 / 01 / 2013

To:

06 / 30 / 2013

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).....

3 8 1 0 0 0

3 8 1 0 0 0

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3 8 1 0 0 0

3 8 1 0 0 0

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

3 0 0 0 0 0

3 0 0 0 0 0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

6 8 1 0 0 0

6 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 8 1 0 0 0

6 8 1 0 0 0

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

6 8 1 0 0 0

6 8 1 0 0 0

13031091181

DETAILED SUMMARY PAGE
of Disbursements

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)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 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)

6	8	1	0	0	0
6	8	1	0	0	0

6	8	1	0	0	0
6	8	1	0	0	0

13031091183

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 28
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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
SPARTANBURG

State
SC

Zip Code
29302

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
V P MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

8 3 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

8 3 0 0

Full Name (Last, First, Middle Initial)

B. GEORGE A. ABBOTT, JR.

Mailing Address

211 WINFIELD DRIVE

City
SPARTANBURG

State
SC

Zip Code
29302

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
V P MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 6 6 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

8 3 0 0

Full Name (Last, First, Middle Initial)

C. GEORGE A. ABBOTT, JR.

Mailing Address

211 WINFIELD DRIVE

City
SPARTANBURG

State
SC

Zip Code
29302

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
V P MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 4 9 0 0

Date of Receipt

0 3 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period

8 3 0 0

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

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

13031091184

**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 28

(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. GEORGE A. ABBOTT, JR.

Mailing Address

211 WINFIELD DRIVE

City

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

V P MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 3 2 0 0

Date of Receipt

0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

8 3 0 0

Full Name (Last, First, Middle Initial)

B. GEORGE A. ABBOTT, JR.

Mailing Address

211 WINFIELD DRIVE

City

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

V P MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 1 5 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

8 3 0 0

Full Name (Last, First, Middle Initial)

C. GEORGE A. ABBOTT, JR.

Mailing Address

211 WINFIELD DRIVE

City

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

V P MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 9 8 0 0

Date of Receipt

0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

8 3 0 0

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

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

13031091185

**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 28

(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. DAVID BLACKWELL

Mailing Address

130 BLACKWELL PLACE

City

INMAN

State

SC

Zip Code

29349

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

I T MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

B. DAVID BLACKWELL

Mailing Address

130 BLACKWELL PLACE

City

INMAN

State

SC

Zip Code

29349

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

I T MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

6 0 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

C. DAVID BLACKWELL

Mailing Address

130 BLACKWELL PLACE

City

INMAN

State

SC

Zip Code

29349

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

I T MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9 0 0 0

Date of Receipt

0 3 / 2 7 / 2 0 1 3

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).....▶

3 0 0 0

3 0 0 0

13031091186

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 28

(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. 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
INMAN MILLS

Occupation
I T MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 2 0 0 0

Date of Receipt

0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

3 0 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
INMAN MILLS

Occupation
I T MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 5 0 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

C. 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
INMAN MILLS

Occupation
I T MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 8 0 0 0

Date of Receipt

0 6 / 2 8 / 2 0 1 3

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).....▶

13021091187

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

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

FOR LINE NUMBER: PAGE 6 OF 28

<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)
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
INMAN MILLS

Occupation
CORPORATE SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0 9 6 0 0

Date of Receipt

0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

2 4 0 0

B. Full Name (Last, First, Middle Initial)
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
INMAN MILLS

Occupation
CORPORATE SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 2 0 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

2 4 4 0 0

C. Full Name (Last, First, Middle Initial)
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
INMAN MILLS

Occupation
CORPORATE SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 4 4 0 0

Date of Receipt

0 6 / 2 8 / 2 0 1 3

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).....▶

13031091189

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)

<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 E. BOWEN, JR.

Mailing Address

137 MARSHALL BRIDGE DRIVE

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

V P PURCHASING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 8 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

4 8 0 0

Full Name (Last, First, Middle Initial)

B. WILLIAM E. BOWEN, JR.

Mailing Address

137 MARSHALL DRIVE

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

V P PURCHASING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9 6 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

4 8 0 0

Full Name (Last, First, Middle Initial)

C. WILLIAM E. BOWEN, JR.

Mailing Address

137 MARSHALL BRIDGE DRIVE

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

V P PURCHASING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 4 4 0 0

Date of Receipt

0 3 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period

4 8 0 0

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

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

4 8 0 0

4 8 0 0

13031091190

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 8 OF 28
	<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 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 ▼
1 9 2 0 0

Date of Receipt
0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period
4 8 0 0

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

Mailing Address
137 MARSHALL 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 4 0 0 0

Date of Receipt
0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period
4 8 0 0

Full Name (Last, First, Middle Initial)
C. 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
0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period
4 8 0 0

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

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

13031091191

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 28	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

13031091192

Full Name (Last, First, Middle Initial) A. BRAD BURNETT		Date of Receipt 01 / 31 / 2013
Mailing Address P.O. BOX 308		Amount of Each Receipt this Period 4000
City ENOREE	State Zip Code SC 29335	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 4000
Name of Employer INMAN MILLS	Occupation PLANT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BRAD BURNETT		Date of Receipt 02 / 28 / 2013
Mailing Address P.O. BOX 308		Amount of Each Receipt this Period 4000
City ENOREE	State Zip Code SC 29335	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 8000
Name of Employer INMAN MILLS	Occupation PLANT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BRAD BURNETT		Date of Receipt 03 / 27 / 2013
Mailing Address P.O. BOX 308		Amount of Each Receipt this Period 4000
City ENOREE	State Zip Code SC 29335	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 12000
Name of Employer INMAN MILLS	Occupation PLANT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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 10 OF 28

<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. BRAD BURNETT

Mailing Address

P.O. BOX 308

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 ▼

1 6 0 0 0

Date of Receipt

0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

B. BRAD BURNETT

Mailing Address

P.O. BOX 308

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 ▼

2 0 0 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

C. BRAD BURNETT

Mailing Address

P.O. BOX 308

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 ▼

2 4 0 0 0

Date of Receipt

0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

4 0 0 0

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

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

12031091193

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 11 OF 28				
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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. 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 ▼
9 5 0 0

Date of Receipt
0 1 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period
9 5 0 0

Full Name (Last, First, Middle Initial)
B. 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 ▼
1 9 0 0 0

Date of Receipt
0 2 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period
9 5 0 0

Full Name (Last, First, Middle Initial)
C. 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 ▼
2 8 5 0 0

Date of Receipt
0 3 / 2 7 / 2 0 1 3

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).....▶

13031091194

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 12 OF 28				
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17		

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

A. ROBERT H. CHAPMAN, III

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

Mailing Address
543 OTIS BLVD.

City **SPARTANBURG** State **SC** Zip Code **29302**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INMAN MILLS** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3 8 0 0 0

Date of Receipt
0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period
9 5 0 0

B. ROBERT H. CHAPMAN, III

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

Mailing Address
543 OTIS BLVD.

City **SPARTANBURG** State **SC** Zip Code **29302**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INMAN MILLS** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 7 5 0 0

Date of Receipt
0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period
9 5 0 0

C. ROBERT H. CHAPMAN, III

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

Mailing Address
543 OTIS BLVD.

City **SPARTANBURG** State **SC** Zip Code **29302**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INMAN MILLS** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5 7 0 0 0

Date of Receipt
0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period
9 5 0 0

SUBTOTAL of Receipts This Page (optional)..... ▶ **9 5 0 0**

TOTAL This Period (last page this line number only)..... ▶ **9 5 0 0**

5611601195

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 28

(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

SPARTANBURG

State

SC

Zip Code

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 ▼

7 8 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

7 8 0 0

Full Name (Last, First, Middle Initial)

B. NORMAN H. CHAPMAN

Mailing Address

764 PLUME STREET

City

SPARTANBURG

State

SC

Zip Code

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 ▼

1 5 6 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

7 8 0 0

Full Name (Last, First, Middle Initial)

C. NORMAN H. CHAPMAN

Mailing Address

764 PLUME STREET

City

SPARTANBURG

State

SC

Zip Code

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 ▼

2 3 4 0 0

Date of Receipt

0 3 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period

7 8 0 0

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

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

13031091196

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 OF 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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 **SPARTANBURG** State **SC** Zip Code **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 ▼
3 1 2 0 0

Date of Receipt
0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period
7 8 0 0

Full Name (Last, First, Middle Initial)
B. NORMAN H. CHAPMAN

Mailing Address
764 PLUME STREET

City **SPARTANBURG** State **SC** Zip Code **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 ▼
3 9 0 0 0

Date of Receipt
0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period
7 8 0 0

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

Mailing Address
764 PLUME STREET

City **SPARTANBURG** State **SC** Zip Code **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
0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period
7 8 0 0

SUBTOTAL of Receipts This Page (optional)..... ▶ **7 8 0 0**

TOTAL This Period (last page this line number only)..... ▶ **7 8 0 0**

13031091197

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 28
 (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

13031091198

A. Full Name (Last, First, Middle Initial)
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 Occupation
INMAN MILLS PERSONNEL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2 5 0 0**

Date of Receipt: **0 1 / 3 1 / 2 0 1 3**

Amount of Each Receipt this Period: **2 5 0 0**

B. Full Name (Last, First, Middle Initial)
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 Occupation
INMAN MILLS PERSONNEL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5 0 0 0**

Date of Receipt: **0 2 / 2 8 / 2 0 1 3**

Amount of Each Receipt this Period: **2 5 0 0**

C. Full Name (Last, First, Middle Initial)
MICHAEL D. ELLIOTT

Mailing Address
PO BOX 85

City State Zip Code
WOODRUFF SC 29388

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation
INMAN MILLS PERSONNEL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **7 5 0 0**

Date of Receipt: **0 3 / 2 7 / 2 0 1 3**

Amount of Each Receipt this Period: **2 5 0 0**

SUBTOTAL of Receipts This Page (optional).....▶ **2 5 0 0**

TOTAL This Period (last page this line number only).....▶ **2 5 0 0**

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 16 OF 28	
	<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

13031091199

A. Full Name (Last, First, Middle Initial)
MICHAEL D. ELLIOTT

Mailing Address
P.O. BOX 85

City **WOODRUFF** State **SC** Zip Code **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 0 0 0 0

Date of Receipt
0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period
2 5 0 0

B. Full Name (Last, First, Middle Initial)
MICHAEL D. ELLIOTT

Mailing Address
P.O. BOX 85

City **WOODRUFF** State **SC** Zip Code **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 2 5 0 0

Date of Receipt
0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period
2 5 0 0

C. Full Name (Last, First, Middle Initial)
MICHAEL D. ELLIOTT

Mailing Address
PO BOX 85

City **WOODRUFF** State **SC** Zip Code **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
0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period
2 5 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **2 5 0 0**

TOTAL This Period (last page this line number only).....▶ **2 5 0 0**

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

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

FOR LINE NUMBER: PAGE 17 OF 28

(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. DON FOSTER

Mailing Address

214 SPRINGS LAKE LOOP

City

SIMPSONVILLE

State

SC

Zip Code

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 ▼

3 0 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

B. DON FOSTER

Mailing Address

214 SPRINGS LAKE LOOP

City

SIMPSONVILLE

State

SC

Zip Code

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 ▼

6 0 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

C. DON FOSTER

Mailing Address

214 SPRINGS LAKE LOOP

City

SIMPSONVILLE

State

SC

Zip Code

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 ▼

9 0 0 0

Date of Receipt

0 3 / 2 7 / 2 0 1 3

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).....▶

3 0 0 0
3 0 0 0

13031091200

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)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. DON FOSTER

Mailing Address
214 SPRINGS LAKE LOOP

City **SIMPSONVILLE** State **SC** Zip Code **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 2 0 0 0

Date of Receipt
0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period
3 0 0 0

Full Name (Last, First, Middle Initial)
B. DON FOSTER

Mailing Address
214 SPRINGS LAKE LOOP

City **SIMPSONVILLE** State **SC** Zip Code **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 5 0 0 0

Date of Receipt
0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period
3 0 0 0

Full Name (Last, First, Middle Initial)
C. DON FOSTER

Mailing Address
214 SPRINGS LAKE LOOP

City **SIMPSONVILLE** State **SC** Zip Code **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
0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period
3 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **3 0 0 0**

TOTAL This Period (last page this line number only).....▶ **3 0 0 0**

13031091201

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)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. 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 ▼

3 6 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

3 6 0 0

Full Name (Last, First, Middle Initial)

B. 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 ▼

7 2 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

3 6 0 0

Full Name (Last, First, Middle Initial)

C. 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 ▼

1 0 8 0 0

Date of Receipt

0 3 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period

3 6 0 0

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

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

3 6 0 0

3 6 0 0

13031091202

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 20 OF 28	
	<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 **1 4 4 0 0**

Date of Receipt
0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period
3 6 0 0

Full Name (Last, First, Middle Initial)
B. 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 **1 8 0 0 0**

Date of Receipt
0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period
3 6 0 0

Full Name (Last, First, Middle Initial)
C. 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 1 6 0 0**

Date of Receipt
0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period
3 6 0 0

SUBTOTAL of Receipts This Page (optional)..... **3 6 0 0**

TOTAL This Period (last page this line number only)..... **3 6 0 0**

13031091203

**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 21 OF 28

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. JAMES C. PACE, JR.

Mailing Address

234 NORTH LAKE EMORY DRIVE

City
INMAN

State Zip Code
SC 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 ▼

4 4 0 0

Date of Receipt

MM / DD / YYYY
01 / 31 / 2013

Amount of Each Receipt this Period

4 4 0 0

Full Name (Last, First, Middle Initial)

B. JAMES C. PACE, JR.

Mailing Address

234 NORTH LAKE EMORY DRIVE

City
INMAN

State Zip Code
SC 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 ▼

8 8 0 0

Date of Receipt

MM / DD / YYYY
02 / 28 / 2013

Amount of Each Receipt this Period

4 4 0 0

Full Name (Last, First, Middle Initial)

C. JAMES C. PACE, JR.

Mailing Address

234 NORTH LAKE EMORY DRIVE

City
INMAN

State Zip Code
SC 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 ▼

1 3 2 0 0

Date of Receipt

MM / DD / YYYY
03 / 27 / 2013

Amount of Each Receipt this Period

4 4 0 0

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

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

Empty receipt box

13031091204

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 28

<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. JAMES C. PACE, JR.

Mailing Address

234 NORTH LAKE EMORY DRIVE

City
INMAN

State Zip Code
SC 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 ▼

1 7 6 0 0

Date of Receipt

0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

4 4 0 0

Full Name (Last, First, Middle Initial)

B. JAMES C. PACE, JR.

Mailing Address

234 NORTH LAKE EMORY DRIVE

City
INMAN

State Zip Code
SC 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 ▼

2 2 0 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

4 4 0 0

Full Name (Last, First, Middle Initial)

C. JAMES C. PACE, JR.

Mailing Address

234 NORTH LAKE EMORY DRIVE

City
INMAN

State Zip Code
SC 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 ▼

2 6 4 0 0

Date of Receipt

0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

4 4 0 0

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

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

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13031091205

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

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

FOR LINE NUMBER: PAGE 23 OF 28

(check only one)

<input 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. KEMP SMITH

Mailing Address
PO BOX 187

City
ENOREE

State Zip Code
SC 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 ▼

3 4 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

Full Name (Last, First, Middle Initial)

B. KEMP SMITH

Mailing Address
PO BOX 187

City
ENOREE

State Zip Code
SC 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 ▼

6 8 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

Full Name (Last, First, Middle Initial)

C. KEMP SMITH

Mailing Address
PO BOX 187

City
ENOREE

State Zip Code
SC 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 ▼

1 0 2 0 0

Date of Receipt

0 3 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

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

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

13031091206

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)

<input 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. KEMP SMITH

Mailing Address
PO BOX 187

City ENOREE State SC Zip Code 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 ▼
1 3 6 0 0

Date of Receipt

0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

Full Name (Last, First, Middle Initial)

B. KEMP SMITH

Mailing Address
PO BOX 187

City ENOREE State SC Zip Code 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 ▼
1 7 0 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

Full Name (Last, First, Middle Initial)

C. KEMP SMITH

Mailing Address
PO BOX 187

City ENOREE State SC Zip Code 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 0 4 0 0

Date of Receipt

0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

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

3 4 0 0

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

3 4 0 0

13031091207

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 28
(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 State Zip Code
GREENVILLE SC 29601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INMAN MILLS V P SALES

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

Date of Receipt

0 1 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

4 2 0 0

Full Name (Last, First, Middle Initial)

B. **BEN TRUSLOW**

Mailing Address
224 S. LAURENS ST. UNIT #406

City State Zip Code
GREENVILLE SC 29601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INMAN MILLS V P SALES

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

Date of Receipt

0 2 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

4 2 0 0

Full Name (Last, First, Middle Initial)

C. **BEN TRUSLOW**

Mailing Address
244 S. LAURENS ST. UNIT #406

City State Zip Code
GREENVILLE SC 29601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INMAN MILLS V P SALES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1 2 6 0 0**

Date of Receipt

0 3 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period

4 2 0 0

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

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

4 2 0 0
4 2 0 0

13031091208

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 OF 28							
	<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

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

A. BEN TRUSLOW

Full Name (Last, First, Middle Initial)
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 **V P SALES**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **1 6 8 0 0**

Date of Receipt
0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period
4 2 0 0

B. BEN TRUSLOW

Full Name (Last, First, Middle Initial)
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 **V P SALES**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **2 1 0 0 0**

Date of Receipt
0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period
4 2 0 0

C. BEN TRUSLOW

Full Name (Last, First, Middle Initial)
BEN TRUSLOW

Mailing Address
244 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 **V P SALES**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **2 5 2 0 0**

Date of Receipt
0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period
4 2 0 0

SUBTOTAL of Receipts This Page (optional)..... **4 2 0 0**

TOTAL This Period (last page this line number only)..... **4 2 0 0**

13031091209

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 OF 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

A. MICHAEL KEITH WOODS

Full Name (Last, First, Middle Initial)

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 ▼
2 6 0 0

Date of Receipt
0 1 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period
2 6 0 0

B. MICHAEL KEITH WOODS

Full Name (Last, First, Middle Initial)

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 ▼
5 2 0 0

Date of Receipt
0 2 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period
2 6 0 0

C. MICHAEL KEITH WOODS

Full Name (Last, First, Middle Initial)

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 ▼
7 8 0 0

Date of Receipt
0 3 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period
2 6 0 0

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

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

13031091210

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 28

(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL KEITH WOODS

Mailing Address
204 HAMPTON BLVD.

City State Zip Code
GAFFNEY SC 29341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INMAN MILLS QUALITY CONTROL

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

Date of Receipt

0 4 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

2 6 0 0

B. Full Name (Last, First, Middle Initial)
MICHAEL KEITH WOODS

Mailing Address
204 HAMPTON BLVD.

City State Zip Code
GAFFNEY SC 29341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INMAN MILLS QUALITY CONTROL

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1 3 0 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

2 6 0 0

C. Full Name (Last, First, Middle Initial)
MICHAEL KEITH WOODS

Mailing Address
204 HAMPTON BLVD.

City State Zip Code
GAFFNEY SC 29341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INMAN MILLS QUALITY CONTROL

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1 5 6 0 0

Date of Receipt

0 6 / 2 8 / 2 0 1 3

Amount of Each Receipt this Period

2 6 0 0

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

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

2 6 0 0

3 8 1 0 0 0

13031091211

**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)

<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. TextilePac Mailing Address 469 Hospital Drive, Suite C City State Zip Code Gastonia NC 28054 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Disbursement 02 / 10 / 2013 Amount of Each Disbursement this Period 500000 Category/Type 011
---	--	---

B. Team Graham Mailing Address PO Box 1801 City State Zip Code Columbia SC 29202 Purpose of Disbursement Contribution Candidate Name Lindsey Graham Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Disbursement 03 / 07 / 2013 Amount of Each Disbursement this Period 100000 Category/Type 011
--	--	---

C. Team Graham Mailing Address PO Box 1801 City State Zip Code Columbia SC 29202 Purpose of Disbursement Contribution Candidate Name Lindsey Graham Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Disbursement 05 / 29 / 2013 Amount of Each Disbursement this Period 500000 Category/Type 011
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SUBTOTAL of Disbursements This Page (optional).....▶

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

500000
650000

13031091212

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.

13031091213

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/11/13
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jm W</i> PREPARER	7/16/13 DATE PREPARED

(7/2013)