

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME AND ADDRESS OF REPORTING ENTITY
 JAMES C. PACE JR
 141094
 01036
 141094
 SC 29309

2. FEC IDENTIFICATION NUMBER
 C00142893

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

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____
 (Type of Election)
 election on _____ in the State of _____

Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
11-29-94 through 12-31-94		
6. (a) Cash on Hand January 1, 19 94		\$ 11,592.38
(b) Cash on Hand at Beginning of Reporting Period	\$ 5,990.19	
(c) Total Receipts (from Line 19)	\$ 4,369.42	\$ 11,368.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 10,359.61	\$ 22,960.53
7. Total Disbursements (from Line 30)	\$ 12.75	\$ 12,613.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,346.86	\$ 10,346.86
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule G and/or Schedule D)	\$	

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

1/6/95

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

FEC FORM 3X

(revised 8/93)

950371297

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Inman Mills Good Government Report		REPORT COVERING PERIOD FROM 11-29-94 TO: 12-31-94	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	1,353.00	8,234.00
ii.	Unitemized		
iii.	Total	1,353.00	8,234.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions	1,353.00	8,234.00
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	3,000.00	3,000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	16.42	131.15
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts	4,369.42	11,368.15
20.	Total Federal Receipts	4,369.42	11,368.15
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures		
c.	Total Operating Expenditures		
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees		12,500.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (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)		
d.	Total Contribution Refunds		
29.	Other Disbursements	12.75	113.67
30.	Total Disbursements	12.75	12,613.67
31.	Total Federal Disbursements	12.75	12,613.67
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	1,353.00	8,234.00
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans)(subtract line 33 from 32)	1,353.00	8,234.00
35.	Total Federal Operating Expenditures		
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures		

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28(a)
28(b)
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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER

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 Report

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George A. Abbott, Jr. 211 Winfield Dr. Spartanburg, SC 29302	Inman Mills	12/30/94	146.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice Pres. Mfg.		
	Aggregate Year-to-Date > \$ 870.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patricia H. Bird 11 A Street Inman, SC 29349	Inman Mills	12/30/94	32.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Secretary		
	Aggregate Year-to-Date > \$ 192.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William E. Bowen, Jr. 137 Marshall Bridge Dr. Greenville, SC 29605	Inman Mills	12/30/94	90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Cotton Buyer		
	Aggregate Year-to-Date > \$ 540.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brad Burnett PO Box 16091 Spartanburg, SC 29316	Inman Mills	12/30/94	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Plant Manager		
	Aggregate Year-to-Date > \$ 360.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Archie O. Butler 126 Winfield Dr. Spartanburg, SC 29302	Inman Mills	12/30/94	55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Plant Manager		
	Aggregate Year-to-Date > \$ 330.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. Marshall Chapman 865 Glendalyn Ave. Spartanburg, SC 29302	Inman Mills	12/30/94	185.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO		
	Aggregate Year-to-Date > \$ 1,110.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert H. Chapman, III 133 Burnett Dr. Spartanburg, SC 29302	Inman Mills	12/30/94	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & Treasurer		
	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 3
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Inman Mills Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman H. Chapman 220 Mills Ave. Spartanburg, SC 29307	Inman Mills	12/30/94	95.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Ass't. Vice President Aggregate Year-to-Date > \$ 570.00		
B. Full Name, Mailing Address and ZIP Code James W. Davidson 147 Plantation Dr. Woodruff, SC 29388	Inman Mills	12/30/94	65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Purchasing Agent Aggregate Year-to-Date > \$ 390.00		
C. Full Name, Mailing Address and ZIP Code Michael D. Elliott PO Box 193 Enoree, SC 29335	Inman Mills	12/30/94	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Personnel Director Aggregate Year-to-Date > \$ 180.00		
D. Full Name, Mailing Address and ZIP Code James M. Flynn PO Box 398 Enoree, SC 29335	Inman Mills	12/30/94	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Plant Manager Aggregate Year-to-Date > \$ 116.00		
E. Full Name, Mailing Address and ZIP Code Marshall Wayne Hall 630 Ballenger Rd. Inman, SC 29349	Inman Mills	12/30/94	54.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Quality Control Aggregate Year-to-Date > \$ 324.00		
F. Full Name, Mailing Address and ZIP Code William C. Hightower, III 206 Thornhill Dr. Spartanburg, SC 29301	Inman Mills	12/30/94	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Plant Manager Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code William R. Holland 141 Oakwood Dr. Woodruff, SC 29388	Inman Mills	12/30/94	35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Personnel Director Aggregate Year-to-Date > \$ 210.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2003-11-17

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Inman Mills Good Government Fund

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray E. Metcalf 215 River Falls Dr. Duncan, SC 29334	Inman Mills	12/30/94	73.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.I.S. Director		
	Aggregate Year-to-Date >	\$ 438.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Lawrence Morrow 38 A Mill St. Inman, SC 29349	Inman Mills	12/30/94	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Personnel		
	Aggregate Year-to-Date >	\$ 270.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James C. Pace, Jr. 164 Campton Cir. Inman, SC 29349	Inman Mills	12/30/94	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Controller		
	Aggregate Year-to-Date >	\$ 240.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard L. Price, Jr. 2510 Old Knox Rd. Spartanburg, SC 29302	Inman Mills	12/30/94	55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date >	\$ 330.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F. Renfro, Jr. 414 Dill Rd. Landrum, SC 29356	Inman Mills	12/30/94	90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date >	\$ 540.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Myers Turner 100 Wanda Ann Lane Inman, SC 29349	Inman Mills	12/30/94	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Plant Manager		
	Aggregate Year-to-Date >	\$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Keith Woods 13 A St. Inman, SC 29349	Inman Mills	12/30/94	54.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Quality Control		
	Aggregate Year-to-Date >	\$ 324.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Inman Mills Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 00.00

TOTAL This Period (last page this line number only) 00.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

1-11-95

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED

and/or DATE OF RECEIPT

Stb.
PREPARER

1-18-95
DATE PREPARED

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