

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing over the lines.

2008 JUL 13 P 3:56  
12FE4M5

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)

(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)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

M M / D D / Y Y Y Y

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

M M / D D / Y Y Y Y

Election on

in the State of

5. Covering Period

0 7 ' 0 1 ' 2 0 1 0

through

0 9 ' 3 0 ' 2 0 1 0

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 0 ' 0 7 ' 2 0 1 0  
2 0 1 0

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									
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**FEC FORM 3X**  
Rev. 12/2004

10030440304

**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: **0 7 / 0 1 / 2 0 1 0** To: **0 9 / 3 0 / 2 0 1 0**

10030440305

	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
6. (a) Cash on Hand January 1, <span style="float:right">y y y y</span>		, 1 0,4 1 7-3 8
(b) Cash on Hand at Beginning of Reporting Period.....	, 7,8 2 2-3 8	
(c) Total Receipts (from Line 19).....	, 1,2 7 0-0 0	, 3,1 7 5-0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 9,0 9 2-3 8	, 1 3,5 9 2-3 8
7. Total Disbursements (from Line 31).....	, ,5 0 0-0 0	, 5,0 0 0-0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 8,5 9 2-3 8	, 8,5 9 2-3 8
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	, ,	
10. Debts and Obligations Owed <b>BY</b> 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: <sup>M M / D D / Y Y Y Y</sup> 0 7 / 0 1 / 2 0 1 0 To: <sup>M M / D D / Y Y Y Y</sup> 0 9 / 3 0 / 2 0 1 0

**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).....	, 1,270.00	, 3,175.00
(ii) Unitemized .....	, .00	, .00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 1,270.00	, 3,175.00
(b) Political Party Committees .....	, .00	, .00
(c) Other Political Committees (such as PACs).....	, .00	, .00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	, 1,270.00	, 3,175.00
12. Transfers From Affiliated/Other Party Committees.....	, .00	, .00
13. All Loans Received .....	, .00	, .00
14. Loan Repayments Received.....	, .00	, .00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	, .00	, .00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	, .00	, .00
17. Other Federal Receipts (Dividends, Interest, etc.).....	, .00	, .00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	, .00	, .00
(b) Levin Funds (from Schedule H5) .....	, .00	, .00
(c) Total Transfers (add 18(a) and 18(b))..	, .00	, .00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	, 1,270.00	, 3,175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	, 1,270.00	, 3,175.00

10030440306

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

10030440307

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 .....	,	,
(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 0	, 5,0 0 0 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).....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	,
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 0	, 5,0 0 0 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 0	, 5,0 0 0 0 0 0

**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) .....		
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) .....		

10030440308

**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 10

<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. 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

VP MANUFACTURING

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3,320.00

Date of Receipt

07 / 30 / 2010

Amount of Each Receipt this Period

8,300.00

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

VP MANUFACTURING

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

4,150.00

Date of Receipt

09 / 30 / 2010

Amount of Each Receipt this Period

8,300.00

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

IT MANAGER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,200.00

Date of Receipt

07 / 30 / 2010

Amount of Each Receipt this Period

3,000.00

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

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


10030440309

**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 10

(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

<b>A.</b> Full Name (Last, First, Middle Initial) DAVID BLACKWELL		Date of Receipt MM / DD / YYYY 09 / 30 / 2010	
Mailing Address 130 BLACKWELL PLACE			
City INMAN	State SC	Zip Code 29349	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3,000	
Name of Employer INMAN MILLS		Occupation IT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 15,000	

<b>B.</b> Full Name (Last, First, Middle Initial) PATRICIA H. ROBBINS		Date of Receipt MM / DD / YYYY 07 / 30 / 2010	
Mailing Address 307 MITCHELL ROAD			
City INMAN	State SC	Zip Code 29349	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,400	
Name of Employer INMAN MILLS		Occupation CORPORATE SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 9,960	

<b>C.</b> Full Name (Last, First, Middle Initial) PATRICIA H. ROBBINS		Date of Receipt MM / DD / YYYY 09 / 30 / 2010	
Mailing Address 307 MITCHELL ROAD			
City INMAN	State SC	Zip Code 29349	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,400	
Name of Employer INMAN MILLS		Occupation CORPORATE SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 12,000	

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

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


10030440310

**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 10

(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  
INMAN MILLS

Occupation  
VP PURCHASING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 9 2 0 0

Date of Receipt

0 7 / 3 0 / 2 0 1 0

Amount of Each Receipt this Period

4 8 0 0

B. 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  
INMAN MILLS

Occupation  
VP PURCHASING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2 4 0 0 0

Date of Receipt

0 9 / 3 0 / 2 0 1 0

Amount of Each Receipt this Period

4 8 0 0

C. 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  
INMAN MILLS

Occupation  
PLANT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 6 0 0 0

Date of Receipt

0 7 / 3 0 / 2 0 1 0

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).....▶

10030440311



**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 10

(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

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 ▼

2 0 0 0 0

Date of Receipt

09 / 30 / 2010

Amount of Each Receipt this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

**B. 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

07 / 30 / 2010

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

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

09 / 30 / 2010

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).....▶

10030440312

**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 10

(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

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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 7 / 3 0 / 2 0 1 0

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 9 / 3 0 / 2 0 1 0

Amount of Each Receipt this Period

7 8 0 0

Full Name (Last, First, Middle Initial)

**C. 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 7 / 3 0 / 2 0 1 0

Amount of Each Receipt this Period

2 5 0 0

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

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

.....  
.....

10030440313

**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 10  
(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

Full Name (Last, First, Middle Initial)  
A. 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 2 5 0 0

Date of Receipt

0 9 / 3 0 / 2 0 1 0

Amount of Each Receipt this Period

2 5 0 0

Full Name (Last, First, Middle Initial)  
B. 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 2 0 0 0

Date of Receipt

0 7 / 3 0 / 2 0 1 0

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 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 5 0 0 0

Date of Receipt

0 9 / 3 0 / 2 0 1 0

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).....▶

1003040314

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

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

FOR LINE NUMBER: PAGE 7 OF 10  
(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 C. HIGHTOWER, III

Mailing Address  
208 THORNHILL DR.

City State Zip Code  
SPARTANBURG SC 29301

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 4 4 0 0

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

Amount of Each Receipt this Period  
3 6 0 0

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM C. HIGHTOWER, III

Mailing Address  
208 THORNHILL DR.

City State Zip Code  
SPARTANBURG SC 29301

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 8 0 0 0

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Amount of Each Receipt this Period  
3 6 0 0

**C.** Full Name (Last, First, Middle Initial)  
JAMES C. PACE, JR.

Mailing Address  
234 NORTH LAKE EMORY DRIVE

City State Zip Code  
INMAN SC 29349

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
INMAN MILLS CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 7 6 0 0

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

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).....▶

10030440315

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

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

FOR LINE NUMBER: PAGE 8 OF 10  
(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. JAMES C. PACE, JR.**  
Full Name (Last, First, Middle Initial)  
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 2,200.00

Date of Receipt  
09 / 30 / 2010  
Amount of Each Receipt this Period  
4,400.00

**B. KEMP SMITH**  
Full Name (Last, First, Middle Initial)  
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 1,360.00

Date of Receipt  
07 / 30 / 2010  
Amount of Each Receipt this Period  
3,400.00

**C. KEMP SMITH**  
Full Name (Last, First, Middle Initial)  
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 1,700.00

Date of Receipt  
09 / 30 / 2010  
Amount of Each Receipt this Period  
3,400.00

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

10030440316

**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 10

(check only one)

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

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NAME OF COMMITTEE (In Full)

**INMAN MILLS GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. BEN TRUSLOW**

Date of Receipt

07 / 30 / 2010

Mailing Address  
224 S. LAURENS ST. UNIT #406

City State Zip Code  
GREENVILLE SC 29601

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

4,200

Name of Employer

INMAN MILLS

Occupation

VP SALES

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,680.00

Full Name (Last, First, Middle Initial)

**B. BEN TRUSLOW**

Date of Receipt

09 / 30 / 2010

Mailing Address  
224 S. LAURENS ST. UNIT # 406

City State Zip Code  
GREENVILLE SC 29601

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

4,200.00

Name of Employer

INMAN MILLS

Occupation

VP SALES

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,100.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL KEITH WOODS**

Date of Receipt

07 / 30 / 2010

Mailing Address  
204 HAMPTON BLVD.

City State Zip Code  
GAFFNEY SC 29341

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

2,600

Name of Employer

INMAN MILLS

Occupation

QUALITY CONTROL

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,040.00

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

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

Empty receipt amount boxes for subtotal and total.

10030440317

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

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

FOR LINE NUMBER: PAGE 10 OF 10

(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. MICHAEL KEITH WOODS**

Full Name (Last, First, Middle Initial)  
 Mailing Address  
**204 HAMPTON BLVD.**  
 City State Zip Code  
**GAFFNEY SC 29341**

Date of Receipt  
 09 / 30 / 2010

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

Amount of Each Receipt this Period  
 2,600.00

Name of Employer Occupation  
**INMAN MILLS QUALITY CONTROL**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1,300.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Date of Receipt

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Date of Receipt

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

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

1,270.00

10030440318

**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

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

MICHAUD, MIKE

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Mailing Address

499 S. CAPITOL STREET, SW, SUITE 404

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

CONTRIBUTION

0 1 1

Amount of Each Disbursement this Period

Candidate Name

MICHAUD FOR CONGRESS

Category/  
Type

, 5 0 0.0 0

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: MAINE

District: 2

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

M M / D D / Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

M M / D D / Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

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

, , :  
, 5 0 0.0 0

10030440319



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.

<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) <i>10/8/10</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<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

*PR*

PREPARER

*10/12/10*

DATE PREPARED

10030440320