

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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2006 AUG 22 A 8:18
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

INMAN MILLS GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 207

(Check if address is changed)

INMAN

INMAN

SC

29349

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jpace@inmanmills.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

864-472-0261

2. DATE

08 / 17 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C00142893

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

JAMES C. PAGE, JR.

Signature of Treasurer

James C Page Jr

Date

08 / 17 / 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

INMAN MILLS _____

Mailing Address PO BOX 207 _____

INMAN SC 29349 - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

INMAN MILLS GOOD GOVERNMENT FUND

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name JAMES C. PACE, JR.

Mailing Address PO BOX 207

INMAN SC 29349

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CFO Telephone number 864 472 0210

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer JAMES C. PACE, JR.

Mailing Address PO BOX 207

INMAN SC 29349

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 864 472 0210

Full Name of Designated Agent PATRICA H. ROBBINS

Mailing Address PO BOX 207

INMAN SC 29349

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER Telephone number 864 472 0207

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

THE PALMETTO BANK

Mailing Address

11500 ASHEVILLE HIGHWAY

INMAN

SC

29349

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<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

SE
 PREPARER

8/27/06
 DATE PREPARED

26039171388