

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEB MAIL CENTER

2007 JAN 22 P 1:10 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 INMAN MILLS GOOD GOVERNMENT FUND

ADDRESS (number and street) PO BOX 207 INMAN SC 29349

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00142893

3. IS THIS REPORT NEW OR AMENDED

- 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31, Termination Report

- (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
- (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
- (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 1 1 2 8 2 0 0 6 through 1 2 3 1 2 0 0 6

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 [Signature] Date 01 18 2007

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

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2703954419

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2006"/>		<input type="text" value="268813"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="395813"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="63500"/>	<input type="text" value="190500"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="459313"/>	<input type="text" value="459313"/>
7. Total Disbursements (from Line 31)	<input type="text" value="000"/>	<input type="text" value="000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="459313"/>	<input type="text" value="459313"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	

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

2703934420

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: 11 / 28 / 2006 To: 12 / 31 / 2006

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6 3 5 0 0	1 9 0 5 0 0
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6 3 5 0 0	1 9 0 5 0 0
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	6 3 5 0 0	1 9 0 5 0 0
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6 3 5 0 0	1 9 0 5 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6 3 5 0 0	1 9 0 5 0 0

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(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.....			
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))..			
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		0 0 0	0 0 0

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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)		

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**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	OF
<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

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

Amount of Each Receipt this Period
8 3 0 0

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

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

Amount of Each Receipt this Period
3 0 0 0

C. Full Name (Last, First, Middle Initial)
PATRICIA H. ROBBINS

Mailing Address
307 MITCHELL ROAD

City **INMAN** State **SC** Zip Code **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 ▼
7 2 0 0

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

Amount of Each Receipt this Period
2 4 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **1 3 0 0**

TOTAL This Period (last page this line number only).....▶ **1 3 0 0**

2703934424

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

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

FOR LINE NUMBER:		PAGE	OF
<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

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

Date of Receipt
11 / 30 / 2006

Mailing Address
137 MARSHALL BRIDGE DRIVE

City State Zip Code
GREENVILLE SC 29605

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
4,800.00

Name of Employer Occupation
INMAN MILLS V P PURCHASING

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,440.00

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

Date of Receipt
11 / 30 / 2006

Mailing Address
P.O. BOX 308

City State Zip Code
ENOREE SC 29335

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
4,000.00

Name of Employer Occupation
INMAN MILLS PLANT MANAGER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,200.00

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

Date of Receipt
11 / 30 / 2006

Mailing Address
543 OTIS BLVD.

City State Zip Code
SPARTANBURG SC 29302

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
9,500.00

Name of Employer Occupation
INMAN MILLS CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,850.00

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

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

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**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		OF	
<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. 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 **1 1 / 3 0 / 2 0 0 6**

Amount of Each Receipt this Period **7 8 0 0**

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

Mailing Address
P.O. BOX 85

City **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 ▼ **7 5 0 0**

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

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

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

Mailing Address
214 SPRINGS LAKE LOOP

City **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 **1 1 / 3 0 / 2 0 0 6**

Amount of Each Receipt this Period **3 0 0 0**

SUBTOTAL of Receipts This Page (optional).....▶ **1 2 7 0 0**

TOTAL This Period (last page this line number only).....▶ **1 2 7 0 0**

2703934426

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

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

FOR LINE NUMBER:		PAGE		OF	
(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

A. Full Name (Last, First, Middle Initial)
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 **PLANT MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 8 0 0

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

Amount of Each Receipt this Period
3 6 0 0

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

Mailing Address
234 NORTH LAKE EMORY DRIVE

City **INMAN** State **SC** Zip Code **29349**

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

Name of Employer **INMAN MILLS** Occupation **CFO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 3 2 0 0

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

Amount of Each Receipt this Period
4 4 0 0

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

Mailing Address
P.O. BOX 187

City **ENOREE** State **SC** Zip Code **29335**

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

Name of Employer **INMAN MILLS** Occupation **PLANT MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 2 0 0

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

Amount of Each Receipt this Period
3 4 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **1 0 8 0 0**

TOTAL This Period (last page this line number only).....▶ **1 0 8 0 0**

2703934427

**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	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
BEN TRUSLOW

Mailing Address
22 COBBLE HILL ROAD

City **FAIRVIEW** State **NC** Zip Code **28730**

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

Name of Employer **INMAN MILLS** Occupation **SALESMAN**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **1 2 6 0 0**

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

Amount of Each Receipt this Period
4 2 0 0

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

Mailing Address
13 A STREET

City **INMAN** State **SC** Zip Code **29349**

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
1 1 / 3 0 / 2 0 0 6

Amount of Each Receipt this Period
2 6 0 0

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

Mailing Address

City State Zip Code

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

Name of Employer **INMAN MILLS** Occupation

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **6 3 5 0 0**

TOTAL This Period (last page this line number only) **6 3 5 0 0**

2703935428

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>1-16-07</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

JMS

PREPARER
(3/2005)

1-22-07

DATE PREPARED

2703934429