

**FEC
FORM 3X**

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

RECEIVED
2010 APR 12 AM 10:57

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

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on / / in the State of

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on / / in the State of

5. Covering Period / / through / /

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 / /

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

**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: 01/01/2010 To: 03/31/2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010	2010	1041738
(b) Cash on Hand at Beginning of Reporting Period.....	1041738	
(c) Total Receipts (from Line 19).....	127000	127000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1168738	1168738
7. Total Disbursements (from Line 31).....	450000	450000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	718738	718738
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).....		

10030283425

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 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.....	4 5 0 0 0 0	4 5 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))..	4 5 0 0 0 0	4 5 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4 5 0 0 0 0	4 5 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 Ex-
penditures

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)▶

	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)▶		

10030283428

**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

11a 11b 11c 12
 13 14 15 16 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 ▼

8 3 0 0

Date of Receipt

0 1 / 2 9 / 2 0 1 0

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

VP MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 6 6 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 0

Amount of Each Receipt this Period

8 3 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

IT MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 0 0

Date of Receipt

0 1 / 2 9 / 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).....▶

10030283429

**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

A. 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 ▼
6 0 0 0

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

Amount of Each Receipt this Period
3 0 0 0

B. 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 ▼
2 4 0 0

Date of Receipt
0 1 / 2 9 / 2 0 1 0

Amount of Each Receipt this Period
2 4 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 ▼
4 8 0 0

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

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).....▶

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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: PAGE 3 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. WILLIAM E. BOWEN, JR.

Mailing Address

137 MARSHALL BRIDGE DRIVE

City
GREENVILLE

State Zip Code
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 ▼

4 8 0 0

Date of Receipt

0 1 / 2 9 / 2 0 1 0

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 BRIDGE DRIVE

City
GREENVILLE

State Zip Code
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 ▼

9 6 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 0

Amount of Each Receipt this Period

4 8 0 0

Full Name (Last, First, Middle Initial)

C. BRAD BURNETT

Mailing Address

P.O. BOX 308

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 ▼

4 0 0 0

Date of Receipt

0 1 / 2 9 / 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).....▶

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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: PAGE **4** 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

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 ▼

8 0 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 0

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 ▼

9 5 0 0

Date of Receipt

0 1 / 2 9 / 2 0 1 0

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 ▼

1 9 0 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 0

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).....▶

10030283432

**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"/> 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 / 2 9 / 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 ▼

1 5 6 0 0

Date of Receipt

0 3 / 3 1 / 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 ▼

2 5 0 0

Date of Receipt

0 1 / 2 9 / 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).....▶

10030283433

**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

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 ▼
5,000.00

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
2,500.00

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
3,000.00

Date of Receipt
01 / 29 / 2010

Amount of Each Receipt this Period
3,000.00

C. Full Name (Last, First, Middle Initial)
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 Occupation
INMAN MILLS CORP. HR DIRECTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
6,000.00

Date of Receipt
03 / 31 / 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).....▶

Empty receipt amount boxes for subtotal and total.

10030283434

**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 7 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	

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

A. WILLIAM C. HIGHTOWER, III
 Full Name (Last, First, Middle Initial)
 Mailing Address
 208 THORNHILL DR.
 City SPARTANBURG State SC Zip Code 29301
 Name of Employer INMAN MILLS Occupation PLANT MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3 6 0 0

Date of Receipt
 0 1 / 2 9 / 2 0 1 0
 Amount of Each Receipt this Period
 3 6 0 0

B. WILLIAM C. HIGHTOWER, III
 Full Name (Last, First, Middle Initial)
 Mailing Address
 208 THORNHILL DR.
 City SPARTANBURG State SC Zip Code 29301
 Name of Employer INMAN MILLS Occupation PLANT MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 7 2 0 0

Date of Receipt
 0 3 / 3 1 / 2 0 1 0
 Amount of Each Receipt this Period
 3 6 0 0

C. JAMES C. PACE, JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 234 NORTH LAKE EMORY DRIVE
 City INMAN State SC Zip Code 29349
 Name of Employer INMAN MILLS Occupation CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4 4 0 0

Date of Receipt
 0 1 / 2 9 / 2 0 1 0
 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).....▶

10030283435

**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"/> 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

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 ▼

8 8 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 0

Amount of Each Receipt this Period

4 4 0 0

Full Name (Last, First, Middle Initial)

B. 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 ▼

3 4 0 0

Date of Receipt

0 1 / 2 9 / 2 0 1 0

Amount of Each Receipt this Period

3 4 0 0

Full Name (Last, First, Middle Initial)

C. 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 ▼

6 8 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 0

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).....▶

10030283436

**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)
 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. BEN TRUSLOW

Date of Receipt

Mailing Address
224 S. LAURENS ST. UNIT #406

0.1 / 2.9 / 2.0.1.0

City State Zip Code
GREENVILLE SC 29601

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

4 2 0 0

Name of Employer

Occupation

INMAN MILLS

VP SALES

Receipt For:

Aggregate Year-to-Date ▼

Primary General
 Other (specify) ▼

4 2 0 0

Full Name (Last, First, Middle Initial)

B. BEN TRUSLOW

Date of Receipt

Mailing Address
224 S. LAURENS ST. UNIT # 406

0.3 / 3.1 / 2.0.1.0

City State Zip Code
GREENVILLE SC 29601

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

4 2 0 0

Name of Employer

Occupation

INMAN MILLS

VP SALES

Receipt For:

Aggregate Year-to-Date ▼

Primary General
 Other (specify) ▼

8 4 0 0

Full Name (Last, First, Middle Initial)

C. MICHAEL KEITH WOODS

Date of Receipt

Mailing Address
204 HAMPTON BLVD.

0.1 / 2.9 / 2.0.1.0

City State Zip Code
GAFFNEY SC 29341

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

2 6 0 0

Name of Employer

Occupation

INMAN MILLS

QUALITY CONTROL

Receipt For:

Aggregate Year-to-Date ▼

Primary General
 Other (specify) ▼

2 6 0 0

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

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

Empty boxes for subtotal and total amounts.

10030283437

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 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
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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. MICHAEL KEITH WOODS		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 204 HAMPTON BLVD.		Amount of Each Receipt this Period 2600
City GAFFNEY	State SC	
Zip Code 29341		Aggregate Year-to-Date 5200
FEC ID number of contributing federal political committee. C		
Name of Employer INMAN MILLS	Occupation QUALITY CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Aggregate Year-to-Date
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Aggregate Year-to-Date
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
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).....▶	127000

10030283438

**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 3

<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. COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address
PO BOX 2995

City State Zip Code
CORDOVA TN 38088-2995

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. JOE WILSON FOR CONGRESS

Mailing Address
PO BOX 2145

City State Zip Code
WEST COLUMBIA SC 29171

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JOE WILSON

Office Sought: House
 Senate
 President
State: SC District: 2ND

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. JIM DEMINT FOR SENATE COMMITTEE

Mailing Address
PO BOX 12425

City State Zip Code
COLUMBIA SC 29211

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JIM DEMINT

Office Sought: House
 Senate
 President
State: SC District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

1,000.00

Date of Disbursement

02 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

Date of Disbursement

02 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

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

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

10030283439

**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. LINDSEY GRAHAM FOR SENATE

Mailing Address
PO BOX 5587

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement
CONTRIBUTION

0 1 1

Candidate Name
LINDSEY GRAHAM

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

0 2 / 1 5 / 2 0 1 0

Amount of Each Disbursement this Period

5 0 0 0 0

Full Name (Last, First, Middle Initial)

B. BOB INGLIS FOR CONGRESS

Mailing Address
464 EAST MAIN ST., SUITE 8

City SPARTANBURG State SC Zip Code 29302

Purpose of Disbursement
CONTRIBUTION

0 1 1

Candidate Name
BOB INGLIS

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: SC District: 4 TH

Date of Disbursement

0 2 / 1 5 / 2 0 1 0

Amount of Each Disbursement this Period

5 0 0 0 0

Full Name (Last, First, Middle Initial)

C. JOHN SPRATT FOR CONGRESS

Mailing Address
PO BOX 10986

City ROCK HILL State SC Zip Code 29731

Purpose of Disbursement
CONTRIBUTION

0 1 1

Candidate Name
JOHN SPRATT

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: SC District: 5 TH

Date of Disbursement

0 2 / 1 5 / 2 0 1 0

Amount of Each Disbursement this Period

5 0 0 0 0

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

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

1003028340

**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 3 OF 3				
	<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

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

A.

Full Name (Last, First, Middle Initial)
TEXTILEPAC

Date of Disbursement
02 / 15 / 2010

Mailing Address
469 HOSPITAL DRIVE, SUITE C

City **GASTONIA** State **NC** Zip Code **28054**

Purpose of Disbursement
CONTRIBUTION

Candidate Name
NAME GOWDY

Category/Type
011

Amount of Each Disbursement this Period
100000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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: _____

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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).....▶

450000

1003028341

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>4/6/10</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

Jm
 PREPARER *4/12/10*
DATE PREPARED

10030283442