

**FEC
FORM 3X**

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

RECEIVED

2014 APR -7 AM 11:36

Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

I N M A N M I L L S G O O D G O V E R N M E N T F U N D

ADDRESS (number and street)

P O B o x 2 0 7



Check if different than previously reported. (ACC)

I N M A N

S C

2 9 3 4 9 -

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:



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)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY
0 1 / 0 1 / 2 0 1 4

MM / DD / YYYY
0 1 / 0 1 / 2 0 1 4

MM / DD / YYYY
2 0 1 4

through

MM / DD / YYYY
0 3 / 3 1 / 2 0 1 4

MM / DD / YYYY
0 3 / 3 1 / 2 0 1 4

MM / DD / YYYY
2 0 1 4

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

MM / DD / YYYY
0 4 / 0 1 / 2 0 1 4

MM / DD / YYYY
0 1 / 0 1 / 2 0 1 4

MM / DD / YYYY
2 0 1 4

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

FEC FORM 3X
Rev. 12/2004

14031203443

**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:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	2014		596738
(b) Cash on Hand at Beginning of Reporting Period.....		596738	
(c) Total Receipts (from Line 19).....		190500	190500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....		787238	787238
7. Total Disbursements (from Line 31).....		100000	100000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....		687238	687238
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).....			



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

14031203444

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:

M	M	M
0	1	

 /

D	D	D
0	1	

 /

Y	Y	Y	Y	Y	Y
2	0	1	4		

 To:

M	M	M
0	3	

 /

D	D	D
3	1	

 /

Y	Y	Y	Y	Y	Y
2	0	1	4		

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 9 0 5 0 0

1 9 0 5 0 0

(ii) Unitemized
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

--

--

(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).....▶

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--

--

1 9 0 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)).....▶

1 9 0 5 0 0

1 9 0 5 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1 9 0 5 0 0

1 9 0 5 0 0

14031203445

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)		

14031203447

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 14

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

V P MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

8 3 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 4

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

V P MANUFACTURING

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 6 6 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 4

Amount of Each Receipt this Period

8 3 0 0

Full Name (Last, First, Middle Initial)

C. 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

0 3 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

8 3 0 0

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

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

14031203448

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 14

(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. 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

I T MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

3 0 0 0

B. 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

I T MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

6 0 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 4

Amount of Each Receipt this Period

3 0 0 0

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

I T MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9 0 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 4

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).....▶

14031203449

**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 14

(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. 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 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

2 4 0 0

Full Name (Last, First, Middle Initial)

B. 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 2 / 2 8 / 2 0 1 4

Amount of Each Receipt this Period

2 4 0 0

Full Name (Last, First, Middle Initial)

C. 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

0 3 / 3 1 / 2 0 1 4

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).....▶

2 4 0 0

7 2 0 0

14031203450

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 14
(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. 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
V P PURCHASING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 8 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

4 8 0 0

B. WILLIAM E. BOWEN, JR.

Mailing Address

137 MARSHALL DRIVE

City State Zip Code
GREENVILLE SC 29605

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
V P PURCHASING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9 6 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 4

Amount of Each Receipt this Period

4 8 0 0

C. 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
V P PURCHASING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 4 4 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

4 8 0 0

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

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

4 8 0 0

4 8 0 0

14031203451

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 14

(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

Date of Receipt

MM	DD	YYYY
01	31	2014

Amount of Each Receipt this Period

Amount
4000

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 ▼

Aggregate
4000

Full Name (Last, First, Middle Initial)

B. BRAD BURNETT

Mailing Address

P.O. BOX 308

City

ENOREE

State

SC

Zip Code

29335

Date of Receipt

MM	DD	YYYY
02	28	2014

Amount of Each Receipt this Period

Amount
4000

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 ▼

Aggregate
8000

Full Name (Last, First, Middle Initial)

C. BRAD BURNETT

Mailing Address

P.O. BOX 308

City

ENOREE

State

SC

Zip Code

29335

Date of Receipt

MM	DD	YYYY
03	31	2014

Amount of Each Receipt this Period

Amount
4000

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 ▼

Aggregate
12000

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

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

Subtotal

Total

14031203452

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 14

(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. ROBERT H. CHAPMAN, III

Mailing Address
543 OTIS BLVD.

City State Zip Code
SPARTANBURG SC 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 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

9 5 0 0

Full Name (Last, First, Middle Initial)

B. ROBERT H. CHAPMAN, III

Mailing Address
543 OTIS BLVD.

City State Zip Code
SPARTANBURG SC 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 2 / 2 8 / 2 0 1 4

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 State Zip Code
SPARTANBURG SC 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 ▼

2 8 5 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 4

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).....▶

14031203453

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 14

(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 Zip Code
SC 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 / 3 1 / 2 0 1 4

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 Zip Code
SC 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 2 / 2 8 / 2 0 1 4

Amount of Each Receipt this Period

7 8 0 0

Full Name (Last, First, Middle Initial)

C. NORMAN H. CHAPMAN

Mailing Address

764 PLUME STREET

City
SPARTANBURG

State Zip Code
SC 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

0 3 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

7 8 0 0

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

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

7 8 0 0

7 8 0 0

14031203454

**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 14
(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. MICHAEL D. ELLIOTT		Date of Receipt 01 / 31 / 2014	
Mailing Address P.O. BOX 85		Amount of Each Receipt this Period 2500	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500		

Full Name (Last, First, Middle Initial) B. MICHAEL D. ELLIOTT		Date of Receipt 02 / 28 / 2014	
Mailing Address P.O. BOX 85		Amount of Each Receipt this Period 2500	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000		

Full Name (Last, First, Middle Initial) C. MICHAEL D. ELLIOTT		Date of Receipt 03 / 31 / 2014	
Mailing Address P.O. BOX 85		Amount of Each Receipt this Period 2500	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7500		

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

14031203455

**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 14
(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. 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 0 0 0**

Date of Receipt

0 1 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

3 0 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 Occupation
INMAN MILLS CORP. HR DIRECTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **6 0 0 0**

Date of Receipt

0 2 / 2 8 / 2 0 1 4

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 Occupation
INMAN MILLS CORP. HR DIRECTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **9 0 0 0**

Date of Receipt

0 3 / 3 1 / 2 0 1 4

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).....▶

3 0 0 0

3 0 0 0

14031203456

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 14

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. 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

DIRECTOR OF PRODUCT DEVELOPMENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 6 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

3 6 0 0

Full Name (Last, First, Middle Initial)

B. 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

DIRECTOR OF PRODUCT DEVELOPMENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

7 2 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 4

Amount of Each Receipt this Period

3 6 0 0

Full Name (Last, First, Middle Initial)

C. 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

DIRECTOR OF PRODUCT DEVELOPMENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 8 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

3 6 0 0

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

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

3 6 0 0

3 6 0 0

14031203457

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 11 OF 14

<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 State Zip Code
INMAN SC 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 ▼

4 4 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

4 4 0 0

Full Name (Last, First, Middle Initial)

B. JAMES C. PACE, JR.

Mailing Address

214 NORTH LAKE EMORY DRIVE

City State Zip Code
INMAN SC 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 2 / 2 8 / 2 0 1 4

Amount of Each Receipt this Period

4 4 0 0

Full Name (Last, First, Middle Initial)

C. 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
INMAN MILLS

Occupation
CFO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 3 2 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 4

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).....▶

14031203458

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 12 OF 14	
	<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. KEMP SMITH		Date of Receipt 01 / 31 / 2014
Mailing Address P.O. BOX 187		Amount of Each Receipt this Period 3400
City ENOREE	State Zip Code SC 29335	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 3400
Name of Employer INMAN MILLS	Occupation PLANT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KEMP SMITH		Date of Receipt 02 / 28 / 2014
Mailing Address P.O. BOX 187		Amount of Each Receipt this Period 3400
City ENOREE	State Zip Code SC 29335	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 6800
Name of Employer INMAN MILLS	Occupation PLANT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KEMP SMITH		Date of Receipt 03 / 31 / 2014
Mailing Address P.O. BOX 187		Amount of Each Receipt this Period 3400
City ENOREE	State Zip Code SC 29335	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 10200
Name of Employer INMAN MILLS	Occupation PLANT MANAGER	
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).....▶	

14031203459

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 14

(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. BEN TRUSLOW

Mailing Address

224 S. LAURENS ST. UNIT #406

City
GREENVILLE

State Zip Code
SC 29601

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
V P SALES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 2 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

4 2 0 0

Full Name (Last, First, Middle Initial)

B. BEN TRUSLOW

Mailing Address

224 S. LAURENS ST. UNIT #406

City
GREENVILLE

State Zip Code
SC 29601

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
V P SALES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

8 4 0 0

Date of Receipt

0 2 / 2 8 / 2 0 1 4

Amount of Each Receipt this Period

4 2 0 0

Full Name (Last, First, Middle Initial)

C. BEN TRUSLOW

Mailing Address

244 S. LAURENS ST. UNIT #406

City
GREENVILLE

State Zip Code
SC 29601

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
V P SALES

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 2 6 0 0

Date of Receipt

0 3 / 3 1 / 2 0 1 4

Amount of Each Receipt this Period

4 2 0 0

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

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

14031203460

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 14

(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

14031203461

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

Date of Receipt

MM	DD	YY
01	31	2014

Mailing Address
204 HAMPTON BLVD.

Amount of Each Receipt this Period

2	6	0	0
---	---	---	---

City State Zip Code
GAFFNEY SC 29341

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INMAN MILLS QUALITY CONTROL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2 6 0 0

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

Date of Receipt

MM	DD	YY
02	28	2014

Mailing Address
204 HAMPTON BLVD.

Amount of Each Receipt this Period

2	6	0	0
---	---	---	---

City State Zip Code
GAFFNEY SC 29341

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INMAN MILLS QUALITY CONTROL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5 2 0 0

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

Date of Receipt

MM	DD	YY
03	31	2014

Mailing Address
204 HAMPTON BLVD.

Amount of Each Receipt this Period

2	6	0	0
---	---	---	---

City State Zip Code
GAFFNEY SC 29341

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INMAN MILLS QUALITY CONTROL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
7 8 0 0

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

2	6	0	0
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TOTAL This Period (last page this line number only).....▶

1	9	0	5	0	0
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**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. TIM SCOTT FOR SENATE

Date of Disbursement

Mailing Address
1405 ASHLEY RIVER ROAD

M M M	D D D	Y Y Y Y Y Y Y Y
0 1	2 8	2 0 1 4

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
CONTRIBUTION

0 1 1

Amount of Each Disbursement this Period

Candidate Name
TIM SCOTT

Category/
Type

1 0 0 0 0 0

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: SC District: 1

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

M M M	D D D	Y Y Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

M M M	D D D	Y Y Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

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).....▶

1 0 0 0 0 0

14031203462

03/31/2014
US POSTAGE
\$07.61
ZIP 29349
04 11224754

14031203463
7009 3410 0000 4558 5573

Return receipt
requested



Post Office Box 207
300 Park Road
Inman, SC 29349

Federal Election Commission
999 E. Street, NW
Washington, D.C. 20463

RECEIVED
2014 APR -7 AM 11:35
FEC MAIL CENTER

X-RAYED BY FEC SECURITY

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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked 3/31/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	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

PL
 PREPARER

4/7/14
 DATE PREPARED

14031203464