

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 MAY 12 AM 11:17
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 00142893

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 MM / DD / YYYY In the State of XX

- (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 MM / DD / YYYY In the State of XX

5. Covering Period MM / DD / YYYY 01 / 01 / 2008 through MM / DD / YYYY 03 / 31 / 2008

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 05 / 05 / 2008

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

2803972366

**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="2008"/>	<input type="text" value="630313"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="630313"/>	<input type="text" value="630313"/>
(c) Total Receipts (from Line 19)	<input type="text" value="127000"/>	<input type="text" value="127000"/>
(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="757313"/>	<input type="text" value="757313"/>
7. Total Disbursements (from Line 31).....	<input type="text" value=""/>	<input type="text" value=""/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="757313"/>	<input type="text" value="757313"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	<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=""/>	<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

28039723667

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: **01 / 01 / 2008** To: **03 / 31 / 2008**

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 2 7 0 0 0	1 2 7 0 0 0
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....	1 2 7 0 0 0	1 2 7 0 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).....	1 2 7 0 0 0	1 2 7 0 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 2 7 0 0 0	1 2 7 0 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	1 2 7 0 0 0	1 2 7 0 0 0

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

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)		

28039723670

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

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. GEORGE A. ABBOTT, JR.

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 **VP MANUFACTURING**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8 3 0 0

Date of Receipt
0 1 / 3 0 1 / 2 0 0 8

Amount of Each Receipt this Period
8 3 0 0

B. GEORGE A. ABBOTT, JR.

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 **VP MANUFACTURING**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 6 6 0 0

Date of Receipt
0 3 / 2 8 / 2 0 0 8

Amount of Each Receipt this Period
8 3 0 0

C. DAVID BLACKWELL

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 ▼
3 0 0 0

Date of Receipt
0 1 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period
3 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **8 3 0 0**

TOTAL This Period (last page this line number only).....▶ **8 3 0 0**

28039723671

**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 checked="" 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)
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 / 2 8 / 2 0 0 8**

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 / 3 1 / 2 0 0 8**

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 / 2 8 / 2 0 0 8**

Amount of Each Receipt this Period **2 4 0 0**

SUBTOTAL of Receipts This Page (optional).....▶ **4 8 0 0**

TOTAL This Period (last page this line number only).....▶ **4 8 0 0**

28039723672

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

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

A. WILLIAM E. BOWEN, JR.

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

Mailing Address
137 MARSHALL BRIDGE DRIVE

City **GREENVILLE** State **SC** Zip Code **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 / 3 1 / 2 0 0 8**

Amount of Each Receipt this Period **4 8 0 0**

B. WILLIAM E. BOWEN, JR.

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

Mailing Address
137 MARSHALL BRIDGE DRIVE

City **GREENVILLE** State **SC** Zip Code **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 / 2 8 / 2 0 0 8**

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

C. BRAD BURNETT

Full Name (Last, First, Middle Initial)
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 ▼ **4 0 0 0**

Date of Receipt **0 1 / 3 1 / 2 0 0 8**

Amount of Each Receipt this Period **4 0 0 0**

SUBTOTAL of Receipts This Page (optional).....▶ **4 8 0 0**

TOTAL This Period (last page this line number only).....▶ **4 8 0 0**

28039723673

**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 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		Date of Receipt 03 / 28 / 2008
Mailing Address P.O. BOX 308		Amount of Each Receipt this Period 4000
City ENOREE	State Zip Code SC 29335	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 8000
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. ROBERT H. CHAPMAN, III		Date of Receipt 01 / 31 / 2008
Mailing Address 543 OTIS BLVD.		Amount of Each Receipt this Period 9500
City SPARTANBURG	State Zip Code SC 29302	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 9500
Name of Employer INMAN MILLS	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ROBERT H. CHAPMAN, III		Date of Receipt 03 / 28 / 2008
Mailing Address 543 OTIS BLVD.		Amount of Each Receipt this Period 9500
City SPARTANBURG	State Zip Code SC 29302	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 19000
Name of Employer INMAN MILLS	Occupation CEO	
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).....▶	

28039723674

**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 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. NORMAN H. CHAPMAN		Date of Receipt 01 / 31 / 2008
Mailing Address 764 PLUME STREET		Amount of Each Receipt this Period 7800
City SPARTANBURG	State Zip Code SC 29302	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 7800
Name of Employer INMAN MILLS	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NORMAN H. CHAPMAN		Date of Receipt 03 / 28 / 2008
Mailing Address 764 PLUME STREET		Amount of Each Receipt this Period 7800
City SPARTANBURG	State Zip Code SC 29302	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 15600
Name of Employer INMAN MILLS	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL D. ELLIOTT		Date of Receipt 01 / 31 / 2008
Mailing Address P.O. BOX 85		Amount of Each Receipt this Period 2500
City WOODRUFF	State Zip Code SC 29388	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500
Name of Employer INMAN MILLS	Occupation PERSONNEL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	7800
TOTAL This Period (last page this line number only).....	7800

28039723675

**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 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

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 ▼

5 0 0 0

Date of Receipt

0 1 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

2 5 0 0

Full Name (Last, First, Middle Initial)

B. DON FOSTER

Mailing Address

214 SPRINGS LAKE LOOP

City

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 ▼

3 0 0 0

Date of Receipt

0 1 / 3 1 / 2 0 0 8

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

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 ▼

6 0 0 0

Date of Receipt

0 3 / 2 8 / 2 0 0 8

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).....▶

28039723676

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

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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

Date of Receipt
01 / 31 / 2008

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

Amount of Each Receipt this Period
3600

Name of Employer: INMAN MILLS Occupation: PLANT MANAGER

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 3600

B. WILLIAM C. HIGHTOWER, III

Full Name (Last, First, Middle Initial)
Mailing Address
208 THORNHILL DR.
City SPARTANBURG State SC Zip Code 29301

Date of Receipt
03 / 28 / 2008

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

Amount of Each Receipt this Period
3600

Name of Employer: INMAN MILLS Occupation: PLANT MANAGER

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 7200

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

Date of Receipt
01 / 31 / 2008

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

Amount of Each Receipt this Period
4400

Name of Employer: INMAN MILLS Occupation: CFO

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 4400

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

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

28039723677

**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 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

Mailing Address
234 NORTH LAKE EMORY DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8 8 0 0**

Date of Receipt **0 3 / 2 8 / 2 0 0 8**

Amount of Each Receipt this Period **4 4 0 0**

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

Mailing Address
P.O. BOX 187

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3 4 0 0**

Date of Receipt **0 1 3 / 3 1 / 2 0 0 8**

Amount of Each Receipt this Period **3 4 0 0**

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

Mailing Address
P.O. BOX 187

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6 8 0 0**

Date of Receipt **0 3 / 2 8 / 2 0 0 8**

Amount of Each Receipt this Period **3 4 0 0**

SUBTOTAL of Receipts This Page (optional).....▶ **6 8 0 0**

TOTAL This Period (last page this line number only).....▶ **6 8 0 0**

28039723678

**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 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. BEN TRUSLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address
22 COBBLE HILL ROAD
 City State Zip Code
FAIRVIEW NC 28730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
INMAN MILLS SALESMAN
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date **4 2 0 0**

Date of Receipt
01 / 31 / 2008
 Amount of Each Receipt this Period
4 2 0 0

B. BEN TRUSLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address
22 COBBLE HILL ROAD
 City State Zip Code
FAIRVIEW NC 28730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
INMAN MILLS SALESMAN
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date **8 4 0 0**

Date of Receipt
03 / 28 / 2008
 Amount of Each Receipt this Period
4 2 0 0

C. MICHAEL KEITH WOODS
 Full Name (Last, First, Middle Initial)
 Mailing Address
13 A STREET
 City State Zip Code
INMAN SC 29349
 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**

Date of Receipt
01 / 31 / 2008
 Amount of Each Receipt this Period
2 6 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **11 4 0 0**

TOTAL This Period (last page this line number only).....▶ **11 4 0 0**

28039723679

**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 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

A. MICHAEL KEITH WOODS

Full Name (Last, First, Middle Initial)

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 ▼ **5,200**

Date of Receipt **03 / 28 / 2008**

Amount of Each Receipt this Period **2600**

B.

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

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).....▶ **127000**

TOTAL This Period (last page this line number only).....▶ **127000**

28039723680

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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5/6/08

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Ed 5/12/08
 PREPARER DATE PREPARED

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