

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

JUL 27 10 05 AM '93

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) C00142893 JAMES C. PACE JR		2. FEC IDENTIFICATION NUMBER  C00142893
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported INMAN MILLS GOOD GOVERNMENT FUND P. O. BOX 207		
CITY, STATE and ZIP CODE INMAN SC 29349		
3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).		

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding \_\_\_\_\_ (Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	01-01-93 through 06-30-93		
6. (a) Cash on Hand January 1, 1993			\$ 12,529.58
(b) Cash on Hand at Beginning of Reporting Period		\$ 12,529.58	
(c) Total Receipts (from Line 19)		\$ 3,974.23	\$ 3,974.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 16,503.81	\$ 16,503.81
7. Total Disbursements (from Line 30)		\$ 4,176.11	\$ 4,176.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 12,327.70	\$ 12,327.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

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.	Date 7/21/93
Signature of Treasurer <i>James C. Pace Jr</i>	

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

FEC FORM 3X

(revised 1/1/91)

**DETAILED SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**  
**PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE INMAN MILLS GOOD-GOVERNMENT FUND		REPORT COVERING PERIOD FROM 01/01/93 TO:	06/30/93
		<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year
<b>I. Receipts</b>			
*1. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....		3,875.00	3,875.00
ii. Unitemized .....			
iii. Total .....	(add i and ii) >	3,875.00	3,875.00
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....	(add a ii, b and c) >	3,875.00	3,875.00
12. Transfers From Affiliated/Other Party Committees .....			
13. All Loans Received .....			
14. Loan Repayments Received .....			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			
17. Other Federal Receipts (Dividends, Interest, etc.) .....		99.23	99.23
18. Transfers from Nonfederal Account for Joint Activity .....			
19. Total Receipts .....	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,974.23	3,974.23
20. Total Federal Receipts .....	(subtract line 18 from line 19) >	3,974.23	3,974.23
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			
ii. Non-Federal Share .....			
b. Other Federal Operating Expenditures .....			
c. Total Operating Expenditures .....	(add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		4,000.00	4,000.00
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F) ..			
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....			
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contribution Refunds .....	(add a, b and c) >	176.11	176.11
29. Other Disbursements .....			
30. Total Disbursements .....	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,176.11	4,176.11
31. Total Federal Disbursements .....	(subtract line 21 a ii from line 30) >	4,176.11	4,176.11
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....		3,875.00	3,875.00
33. Total Contribution Refunds (from line 28d) .....			
34. Net Contributions (other than loans)(subtract line 33 from 32) .....		3,875.00	3,875.00
35. Total Federal Operating Expenditures .....	(add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15) .....			
37. Net Operating Expenditures .....	(subtract line 36 from 35) >		

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SCHEDULE A

ITEMIZED RECEIPTS

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

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 GODD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE A. ABBOTT, JR. 211 WINFIELD DRIVE SPARTANBURG, SC 29302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INMAN MILLS Occupation VICE PRES. MANUFACT. Aggregate Year-to-Date > \$	06/30/93	435.00
B. Full Name, Mailing Address and ZIP Code PATRICIA H. BIRD P. O. BOX 27 GRAMLING, SC 29348 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INMAN MILLS Occupation CORP. SECRETARY Aggregate Year-to-Date > \$	06/30/93	96.00
C. Full Name, Mailing Address and ZIP Code WILLIAM E. BOWEN, JR. 71 WOODVALE AVE. GREENVILLE, SC 29605 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INMAN MILLS Occupation COTTON BUYER Aggregate Year-to-Date > \$	06/30/93	270.00
D. Full Name, Mailing Address and ZIP Code BRAD BURNETT P. O. BOX 308 ENDREE, SC 29335 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INMAN MILLS Occupation PLANT MANAGER Aggregate Year-to-Date > \$	06/30/93	180.00
E. Full Name, Mailing Address and ZIP Code ARCHIE O. BUTLER 126 WINFIELD DRIVE SPARTANBURG, SC 29302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INMAN MILLS Occupation PLANT MANAGER Aggregate Year-to-Date > \$	06/30/93	165.00
F. Full Name, Mailing Address and ZIP Code W. MARSHALL CHAPMAN 865 GLENDALYN AVE. SPARTANBURG, SC 29302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INMAN MILLS Occupation CHAIRMAN & CEO Aggregate Year-to-Date > \$	06/30/93	555.00
G. Full Name, Mailing Address and ZIP Code ROBERT H. CHAPMAN, III 133 BURNETT DRIVE SPARTANBURG, SC 29302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INMAN MILLS Occupation PRESIDENT & TREASURER Aggregate Year-to-Date > \$	06/30/93	150.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code NORMAN H. CHAPMAN 220 MILLS AVENUE SPARTANBURG, SC 29302	Name of Employer INMAN MILLS  Occupation SALES REPRESENTATIVE Aggregate Year-to-Date > \$	Date (month, day, year) 06/30/93	Amount of Each Receipt this Period 95.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INMAN MILLS  Occupation PLANT MANAGER Aggregate Year-to-Date > \$	Date (month, day, year) 06/30/93	Amount of Each Receipt this Period 195.00
B. Full Name, Mailing Address and ZIP Code JAMES W. DAVIDSON P. O. BOX 254 ENDREE, SC 29335  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INMAN MILLS  Occupation PERSONNEL DIRECTOR Aggregate Year-to-Date > \$	Date (month, day, year) 06/30/93	Amount of Each Receipt this Period 90.00
C. Full Name, Mailing Address and ZIP Code MICHAEL D. ELLIOTT P. O. BOX 193 ENDREE, SC 29335  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INMAN MILLS  Occupation PLANT MANGER Aggregate Year-to-Date > \$	Date (month, day, year) 06/30/93	Amount of Each Receipt this Period 150.00
D. Full Name, Mailing Address and ZIP Code WILLIAM C. HIGHTOWER, III 206 THORNHILL DR. SPARTANBURG, SC 29301  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INMAN MILLS  Occupation PERSONNEL DIRECTOR Aggregate Year-to-Date > \$	Date (month, day, year) 06/30/93	Amount of Each Receipt this Period 105.00
E. Full Name, Mailing Address and ZIP Code WILLIAM R. HOLLAND 141 OAKWOOD DRIVE WOODRUFF, SC 29388  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INMAN MILLS  Occupation PURCHASING AGENT Aggregate Year-to-Date > \$	Date (month, day, year) 06/30/93	Amount of Each Receipt this Period 180.00
F. Full Name, Mailing Address and ZIP Code J. KENNETH MADDOX 407 FERNWOOD DRIVE SPARTANBURG, SC 29302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INMAN MILLS  Occupation M.I.S. DIRECTOR Aggregate Year-to-Date > \$	Date (month, day, year) 06/30/93	Amount of Each Receipt this Period 219.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. LAWRENCE MORROW 38 A MILL STREET INMAN, SC 29349	INMAN MILLS	06/30/93	135.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CORPORATE PERSONNEL		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES C. PACE, JR. 164 CAMPTON CIRCLE INMAN, SC 29349	INMAN MILLS	06/30/93	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONTROLLER		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD L. PRICE, JR. 2510 OLD KNOX ROAD SPARTANBURG, SC 29302	INMAN MILLS	06/30/93	165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN F. RENFRO, JR. 414 DILL ROAD LANDRUM, SC 29356	INMAN MILLS	06/30/93	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MYERS TURNER 100 WANDA ANN LANE INMAN SC 29349	INMAN MILLS	06/30/93	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PLANT MANAGER		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH A. WYSE 32 NICHOLS DRIVE INMAN, SC 29349	INMAN MILLS	06/30/93	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR. QUALITY CONTROL		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	\$3,875.00
TOTAL This Period (last page this line number only)	\$3,875.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

INMAN MILLS GOOD GOVERNMENT FUND

A. Full Name, Mailing Address and ZIP Code AMERICAN TEXTILE INDUSTRY COMMITTEE FOR GOOD GOVERNMENT 1801 K STREET, NW, SUITE 900 WASHINGTON, D.C. 20006	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)  1/14/93	Amount of Each Disbursement This Period  3,000.00
B. Full Name, Mailing Address and ZIP Code LALICH FAIRCLOTH 4805 FALLS OF THE NEUSE ROAD RALIEGH, NC 27609	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)  2/8/93	Amount of Each Disbursement This Period  1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SUBTOTAL of Disbursements This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

4,000.00

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

7-21-93

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*SLB*  
 PREPARER

7-27-93  
 DATE PREPARED

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