



**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: 

M	M	D	Y	Y	Y	Y
0	7	0	1	2	0	0

 / 

D	D	Y	Y	Y	Y	Y
0	1	2	0	0	8	

 To: 

M	M	D	Y	Y	Y	Y
0	9	3	0	2	0	0

 / 

D	D	Y	Y	Y	Y	Y
3	0	2	0	0	8	

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1,	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	2	0	0	8				<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>6</td><td>3</td><td>0</td><td>3</td><td>1</td><td>3</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	6	3	0	3	1	3	
Y	Y	Y	Y	Y	Y	Y																								
2	0	0	8																											
Y	Y	Y	Y	Y	Y	Y																								
6	3	0	3	1	3																									
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>8</td><td>2</td><td>0</td><td>8</td><td>1</td><td>3</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	8	2	0	8	1	3																
Y	Y	Y	Y	Y	Y	Y																								
8	2	0	8	1	3																									
(c) Total Receipts (from Line 19) .....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>7</td><td>0</td><td>0</td><td>0</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	1	2	7	0	0	0		<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>3</td><td>1</td><td>7</td><td>5</td><td>0</td><td>0</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	3	1	7	5	0	0	
Y	Y	Y	Y	Y	Y	Y																								
1	2	7	0	0	0																									
Y	Y	Y	Y	Y	Y	Y																								
3	1	7	5	0	0																									
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>9</td><td>4</td><td>7</td><td>8</td><td>1</td><td>3</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	9	4	7	8	1	3		<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>9</td><td>4</td><td>7</td><td>8</td><td>1</td><td>3</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	9	4	7	8	1	3	
Y	Y	Y	Y	Y	Y	Y																								
9	4	7	8	1	3																									
Y	Y	Y	Y	Y	Y	Y																								
9	4	7	8	1	3																									
7. Total Disbursements (from Line 31) .....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	1	5	0	0	0	0		<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	1	5	0	0	0	0	
Y	Y	Y	Y	Y	Y	Y																								
1	5	0	0	0	0																									
Y	Y	Y	Y	Y	Y	Y																								
1	5	0	0	0	0																									
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>7</td><td>9</td><td>7</td><td>8</td><td>1</td><td>3</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	7	9	7	8	1	3		<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>7</td><td>9</td><td>7</td><td>8</td><td>1</td><td>3</td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y	7	9	7	8	1	3	
Y	Y	Y	Y	Y	Y	Y																								
7	9	7	8	1	3																									
Y	Y	Y	Y	Y	Y	Y																								
7	9	7	8	1	3																									
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y																						
Y	Y	Y	Y	Y	Y	Y																								
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	Y																						
Y	Y	Y	Y	Y	Y	Y																								

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

28039862863





**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) ..... ▶



28039862866

**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 10  
(check only one)  
 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

**A.** Full Name (Last, First, Middle Initial)  
GEORGE A. ABBOTT, JR.

Mailing Address  
211 WINFIELD DRIVE

City State Zip Code  
SPARTANBURG SC 29302

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation  
INMAN MILLS VP MANUFACTURING

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) 3 3 2 0 0

Date of Receipt  
0 7 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period  
8 3 0 0

**B.** Full Name (Last, First, Middle Initial)  
GEORGE A. ABBOTT, JR.

Mailing Address  
211 WINFIELD DRIVE

City State Zip Code  
SPARTANBURG SC 29302

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation  
INMAN MILLS VP MANUFACTURING

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) 4 1 5 0 0

Date of Receipt  
0 9 / 3 0 / 2 0 0 8

Amount of Each Receipt this Period  
8 3 0 0

**C.** Full Name (Last, First, Middle Initial)  
DAVID BLACKWELL

Mailing Address  
130 BLACKWELL PLACE

City State Zip Code  
INMAN SC 29349

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation  
INMAN MILLS IT MANAGER

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) 1 2 0 0 0

Date of Receipt  
0 7 / 3 1 / 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).....▶

28039862867

**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)  
 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)  
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 ▼  
1 5 0 0 0

Date of Receipt  
0 9 / 3 0 / 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 ▼  
9 6 0 0 0

Date of Receipt  
0 7 / 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 ▼  
1 2 0 0 0

Date of Receipt  
0 9 / 3 0 / 2 0 0 8

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).....▶

28039862868

**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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) WILLIAM E. BOWEN, JR.</p>		<p>Date of Receipt 07 / 31 / 2008</p>	
<p>Mailing Address 137 MARSHALL BRIDGE DRIVE</p>		<p>Amount of Each Receipt this Period 4800</p>	
<p>City GREENVILLE</p>	<p>State SC</p>	<p>Zip Code 29605</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Name of Employer INMAN MILLS</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Occupation VP PURCHASING</p>	
<p>Aggregate Year-to-Date ▼ 19200</p>		<p>Aggregate Year-to-Date ▼ 19200</p>	

<p><b>B.</b> Full Name (Last, First, Middle Initial) WILLIAM E. BOWEN, JR.</p>		<p>Date of Receipt 09 / 30 / 2008</p>	
<p>Mailing Address 137 MARSHALL BRIDGE DRIVE</p>		<p>Amount of Each Receipt this Period 4800</p>	
<p>City GREENVILLE</p>	<p>State SC</p>	<p>Zip Code 29605</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Name of Employer INMAN MILLS</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Occupation VP PURCHASING</p>	
<p>Aggregate Year-to-Date ▼ 24000</p>		<p>Aggregate Year-to-Date ▼ 24000</p>	

<p><b>C.</b> Full Name (Last, First, Middle Initial) BRAD BURNETT</p>		<p>Date of Receipt 07 / 31 / 2008</p>	
<p>Mailing Address P.O. BOX 308</p>		<p>Amount of Each Receipt this Period 4000</p>	
<p>City ENOREE</p>	<p>State SC</p>	<p>Zip Code 29335</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Name of Employer INMAN MILLS</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Occupation PLANT MANAGER</p>	
<p>Aggregate Year-to-Date ▼ 16000</p>		<p>Aggregate Year-to-Date ▼ 16000</p>	

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

28039862869





**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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. NORMAN H. CHAPMAN</b>		Date of Receipt 07 / 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		
Name of Employer INMAN MILLS	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 31200	

Full Name (Last, First, Middle Initial) <b>B. NORMAN H. CHAPMAN</b>		Date of Receipt 09 / 30 / 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		
Name of Employer INMAN MILLS	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39000	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL D. ELLIOTT</b>		Date of Receipt 07 / 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		
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 ▼ 10000	

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

28039862871

**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 6 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 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 ▼  
**1 2 5 0 0**

Date of Receipt  
**0 9 / 3 0 / 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 ▼  
**1 2 0 0 0**

Date of Receipt  
**0 7 / 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 ▼  
**1 5 0 0 0**

Date of Receipt  
**0 9 / 3 0 / 2 0 0 8**

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

**SUBTOTAL** of Receipts This Page (optional).....▶ **2 5 0 0**

**TOTAL** This Period (last page this line number only).....▶ **2 5 0 0**

28039862872

**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 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. WILLIAM C. HIGHTOWER, III**

Mailing Address

208 THORNHILL DR.

City  
SPARTANBURG

State Zip Code  
SC 29301

FEC ID number of contributing federal political committee.

C

Name of Employer  
INMAN MILLS

Occupation  
PLANT MANAGER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 4 4 0 0

Date of Receipt

0 7 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

3 6 0 0

Full Name (Last, First, Middle Initial)

**B. WILLIAM C. HIGHTOWER, III**

Mailing Address

208 THORNHILL DR.

City  
SPARTANBURG

State Zip Code  
SC 29301

FEC ID number of contributing federal political committee.

C

Name of Employer  
INMAN MILLS

Occupation  
PLANT MANAGER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 8 0 0 0

Date of Receipt

0 9 / 3 0 / 2 0 0 8

Amount of Each Receipt this Period

3 6 0 0

Full Name (Last, First, Middle Initial)

**C. JAMES C. PACE, JR.**

Mailing Address

234 NORTH LAKE EMORY DRIVE

City  
INMAN

State Zip Code  
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 7 6 0 0

Date of Receipt

0 7 / 3 1 / 2 0 0 8

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).....▶

28039862875



**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 9 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. BEN TRUSLOW**  
Full Name (Last, First, Middle Initial)

Mailing Address  
22 COBBLE HILL ROAD

City FAIRVIEW State NC Zip Code 28730

FEC ID number of contributing federal political committee. C

Name of Employer INMAN MILLS Occupation SALESMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 6 8 0 0 0

Date of Receipt  
0 7 / 3 1 / 2 0 0 8

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 FAIRVIEW State NC Zip Code 28730

FEC ID number of contributing federal political committee. C

Name of Employer INMAN MILLS Occupation SALESMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2 1 0 0 0

Date of Receipt  
0 9 / 3 0 / 2 0 0 8

Amount of Each Receipt this Period  
4 2 0 0

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

Mailing Address  
204 HAMPTON BLVD.

City GAFFNEY State SC Zip Code 29341

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 ▼  
1 0 4 0 0

Date of Receipt  
0 7 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period  
2 6 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 10 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. MICHAEL KEITH WOODS

Mailing Address

204 HAMPTON BLVD.

City  
GAFFNEY

State Zip Code  
SC 29341

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 ▼

1 3 0 0 0

Date of Receipt

09 / 30 / 2008

Amount of Each Receipt this Period

2 6 0 0

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).....▶

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

1 2 7 0 0 0

28039862876

**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 / OF /	
	<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) <b>A. ETHERIDGE, BOB</b>		Date of Disbursement MM / DD / YYYY <b>09 / 00 / 2008</b>
Mailing Address <b>PO BOX 28001</b>		Amount of Each Disbursement this Period <b>1 0 0 0 0 0</b>
City <b>RALEIGH</b>	State <b>NC</b>	
Zip Code <b>27611</b>		Category/ Type <b>0 1 1</b>
Purpose of Disbursement <b>CONTRIBUTION</b>		
Candidate Name <b>N / A</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> N / A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE FOR THE ADVANCEMENT OF COTTON</b>		Date of Disbursement MM / DD / YYYY <b>09 / 00 / 2008</b>
Mailing Address <b>PO BOX 2995</b>		Amount of Each Disbursement this Period <b>5 0 0 0 0 0</b>
City <b>CORDOVA</b>	State <b>TN</b>	
Zip Code <b>38088-2995</b>		Category/ Type <b>0 1 1</b>
Purpose of Disbursement <b>CONTRIBUTION</b>		
Candidate Name <b>N / A</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> N / A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1 5 0 0 0 0</b>

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**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>10/8/08</i>
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<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

*ED*

PREPARER

(3/2005)

*10/15/08*

DATE PREPARED

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