

**FEC
FORM 3X**

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

RECEIVED

MAIL Office Use Only 11:24

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5C MAIL CENTER**

INMAN MILLS GOOD GOVERNMENT FUND

ADDRESS (number and street) PO BOX 207

Check if different than previously reported. (ACC)

INMAN SC 29349

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 1 4 2 8 9 3

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

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 [] / [] / [] in the State of []

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

General (30G) Runoff (30R) Special (30S)

Election on [] / [] / [] in the State of []

5. Covering Period [0 7 / 0 1 / 2 0 1 3] through [1 2 / 3 1 / 2 0 1 3]

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 [0 1 / 0 8 / 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.

14031151939

**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: / /

14031151940

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="284738"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="315738"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="381000"/>	<input type="text" value="1062000"/>
(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="696738"/>	<input type="text" value="1346738"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="100000"/>	<input type="text" value="750000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="596738"/>	<input type="text" value="596738"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<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=""/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

INMAN MILLS GOOD GOVERNMENT FUND

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2013

To:

MM / DD / YYYY
12 / 31 / 2013

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).....

3 8 1 0 0 0

7 6 2 0 0 0

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

3 0 0 0 0 0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

3 8 1 0 0 0

1 0 6 2 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)).....▶**

3 8 1 0 0 0

1 0 6 2 0 0

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

3 8 1 0 0 0

1 0 6 2 0 0

14031151941

**DETAILED SUMMARY PAGE
of Disbursements**

II. Disbursements

**COLUMN A
Total This Period**

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

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1 0 0 0 0 0	7 5 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1 0 0 0 0 0	7 5 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 0 0 0 0 0	7 5 0 0 0 0

14031151942

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)

3 8 1 0 0 0
3 8 1 0 0 0

1 0 6 2 0 0 0
1 0 6 2 0 0 0

14031151943

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 28				
	<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		

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.

Date of Receipt
07 / 31 / 2013

Mailing Address
211 WINFIELD DRIVE

City State Zip Code
SPARTANBURG SC 29302

Amount of Each Receipt this Period
8300

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
INMAN MILLS V P MANUFACTURING

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼
58100

14031151944

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

Date of Receipt
08 / 30 / 2013

Mailing Address
211 WINFIELD DRIVE

City State Zip Code
SPARTANBURG SC 29302

Amount of Each Receipt this Period
8300

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
INMAN MILLS V P MANUFACTURING

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼
66400

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

Date of Receipt
09 / 30 / 2013

Mailing Address
211 WINFIELD DRIVE

City State Zip Code
SPARTANBURG SC 29302

Amount of Each Receipt this Period
8300

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
INMAN MILLS V P MANUFACTURING

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼
74700

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

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

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 2 OF 28

<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. 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 0

Date of Receipt

1 0 / 3 1 / 2 0 1 3

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 ▼

9 1 3 0 0

Date of Receipt

1 2 / 1 2 / 2 0 1 3

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 ▼

9 9 6 0 0

Date of Receipt

1 2 / 2 7 / 2 0 1 3

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).....▶

8 3 0 0

8 3 0 0

14031151945

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 28
(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 State Zip Code
INMAN SC 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 ▼
2 1 0 0 0

Date of Receipt

0 7 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

3 0 0 0

B. 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
INMAN MILLS

Occupation
I T MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 4 0 0 0

Date of Receipt

0 8 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

3 0 0 0

C. 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
INMAN MILLS

Occupation
I T MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 7 0 0 0

Date of Receipt

0 9 / 3 0 / 2 0 1 3

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).....▶

Empty receipt amount boxes for subtotal and total.

14031151946

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 4 OF 28

<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 0

Date of Receipt

1 0 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

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 ▼

3 3 0 0 0

Date of Receipt

1 2 / 1 2 / 2 0 1 3

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

C. DAVID BLACKWELL

Mailing Address

130 BLACKWELL PLACE

City

INMAN

State

SC

Zip Code

29349

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

I T MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 6 0 0 0

Date of Receipt

1 2 / 2 7 / 2 0 1 3

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).....▶

14031151947

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 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
INMAN MILLS GOOD GOVERNMENT FUND

A. PATRICIA H. ROBBINS

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 6 8 0 0

Date of Receipt

0 7 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

2 4 0 0

B. PATRICIA H. ROBBINS

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 9 2 0 0

Date of Receipt

0 8 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

2 4 0 0

C. PATRICIA H. ROBBINS

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 1 6 0 0

Date of Receipt

0 9 / 3 0 / 2 0 1 3

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 1 6 0 0

2 4 0 0

14031151948

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 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
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 0**

Date of Receipt

1 0 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

2 4 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 6 4 0 0**

Date of Receipt

1 2 / 1 2 / 2 0 1 3

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 **2 8 8 0 0**

Date of Receipt

1 2 / 2 7 / 2 0 1 3

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
2 4 0 0

14031151949

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 28

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
INMAN MILLS GOOD GOVERNMENT FUND

A. WILLIAM E. BOWEN, JR.

Full Name (Last, First, Middle Initial)
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 Occupation
INMAN MILLS V P PURCHASING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3 3 6 0 0

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

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 DRIVE

City State Zip Code
GREENVILLE SC 29605

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

Name of Employer Occupation
INMAN MILLS V P PURCHASING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3 8 4 0 0

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

Amount of Each Receipt this Period
4 8 0 0

C. WILLIAM E. BOWEN, JR.

Full Name (Last, First, Middle Initial)
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 Occupation
INMAN MILLS V P PURCHASING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4 3 2 0 0

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

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).....▶

14031151950

**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 28

(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 Occupation
INMAN MILLS V P PURCHASING

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **4 8 0 0 0**

Date of Receipt

1-0 / 3-1 / 2013

Amount of Each Receipt this Period

4 8 0 0

14031151951

Full Name (Last, First, Middle Initial)
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 Occupation
INMAN MILLS V P PURCHASING

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **5 2 8 0 0**

Date of Receipt

1-2 / 1-2 / 2013

Amount of Each Receipt this Period

4 8 0 0

Full Name (Last, First, Middle Initial)
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 Occupation
INMAN MILLS V P PURCHASING

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **5 7 6 0 0**

Date of Receipt

1-2 / 2-7 / 2013

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

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 28	
	<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

14031151952

Full Name (Last, First, Middle Initial)
A. BRAD BURNETT

Mailing Address
P.O. BOX 308

City State Zip Code
ENOREE SC 29335

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

Name of Employer Occupation
INMAN MILLS PLANT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 8 0 0 0

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

Amount of Each Receipt this Period
4 0 0 0

Full Name (Last, First, Middle Initial)
B. BRAD BURNETT

Mailing Address
P.O. BOX 308

City State Zip Code
ENOREE SC 29335

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

Name of Employer Occupation
INMAN MILLS PLANT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3 2 0 0 0

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

Amount of Each Receipt this Period
4 0 0 0

Full Name (Last, First, Middle Initial)
C. BRAD BURNETT

Mailing Address
P.O. BOX 308

City State Zip Code
ENOREE SC 29335

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

Name of Employer Occupation
INMAN MILLS PLANT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3 6 0 0 0

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

Amount of Each Receipt this Period
4 0 0 0

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

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

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 28

(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. 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 0

Date of Receipt

1 0 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

B. 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 4 0 0 0

Date of Receipt

1 2 / 1 2 / 2 0 1 3

Amount of Each Receipt this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

C. 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 8 0 0 0

Date of Receipt

1 2 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period

4 0 0 0

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

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

4 0 0 0

4 8 0 0 0

14031151953

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 28
<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

14031151954

A. ROBERT H. CHAPMAN, III

Full Name (Last, First, Middle Initial)
Mailing Address
543 OTIS BLVD.

City **SPARTANBURG** State **SC** Zip Code **29302**

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

Name of Employer **INMAN MILLS** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6 6 5 0 0

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

Amount of Each Receipt this Period
9 5 0 0

B. ROBERT H. CHAPMAN, III

Full Name (Last, First, Middle Initial)
Mailing Address
543 OTIS BLVD.

City **SPARTANBURG** State **SC** Zip Code **29302**

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

Name of Employer **INMAN MILLS** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7 6 0 0 0

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

Amount of Each Receipt this Period
9 5 0 0

C. ROBERT H. CHAPMAN, III

Full Name (Last, First, Middle Initial)
Mailing Address
543 OTIS BLVD.

City **SPARTANBURG** State **SC** Zip Code **29302**

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

Name of Employer **INMAN MILLS** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8 5 5 0 0

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

Amount of Each Receipt this Period
9 5 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **9 5 0 0**

TOTAL This Period (last page this line number only).....▶ **9 5 0 0**

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 28

(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

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. ROBERT H. CHAPMAN, III

Mailing Address

543 OTIS BLVD.

City

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9 5 0 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 3

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

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 4 5 0 0

Date of Receipt

1 2 / 1 2 / 2 0 1 3

Amount of Each Receipt this Period

9 5 0 0

Full Name (Last, First, Middle Initial)

C. ROBERT H. CHAPMAN, III

Mailing Address

543 OTIS BLVD.

City

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 1 4 0 0 0

Date of Receipt

1 2 / 2 7 / 2 0 1 3

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).....▶

9 5 0 0

9 5 0 0

14031151955

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 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. NORMAN H. CHAPMAN

Mailing Address

764 PLUME STREET

City

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee:

C

Name of Employer

INMAN MILLS

Occupation

COO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 4 6 0 0

Date of Receipt

0 7 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

7 8 0 0

Full Name (Last, First, Middle Initial)

B. NORMAN H. CHAPMAN

Mailing Address

764 PLUME STREET

City

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee:

C

Name of Employer

INMAN MILLS

Occupation

COO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

6 2 4 0 0

Date of Receipt

0 8 / 3 0 / 2 0 1 3

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

SC

Zip Code

29302

FEC ID number of contributing federal political committee:

C

Name of Employer

INMAN MILLS

Occupation

COO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

7 0 2 0 0

Date of Receipt

0 9 / 3 0 / 2 0 1 3

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

14031151956

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 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. NORMAN H. CHAPMAN

Mailing Address

764 PLUME STREET

City

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

COO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

7 8 0 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

7 8 0 0

14031151957

Full Name (Last, First, Middle Initial)

B. NORMAN H. CHAPMAN

Mailing Address

764 PLUME STREET

City

SPARTANBURG

State

SC

Zip Code

29302

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

COO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

8 5 8 0 0

Date of Receipt

1 2 / 1 2 / 2 0 1 3

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

SC

Zip Code

29302

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

COO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9 3 6 0 0

Date of Receipt

1 2 / 2 7 / 2 0 1 3

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
INMAN MILLS GOOD GOVERNMENT FUND

A. MICHAEL D. ELLIOTT

Full Name (Last, First, Middle Initial)
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 ▼
17500

Date of Receipt
07/31/2013

Amount of Each Receipt this Period
2500

B. MICHAEL D. ELLIOTT

Full Name (Last, First, Middle Initial)
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 ▼
20000

Date of Receipt
08/30/2013

Amount of Each Receipt this Period
2500

C. MICHAEL D. ELLIOTT

Full Name (Last, First, Middle Initial)
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 ▼
22500

Date of Receipt
09/30/2013

Amount of Each Receipt this Period
2500

SUBTOTAL of Receipts This Page (optional) ▶

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

2500

2500

14031151958

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 28

(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 MM / DD / YYYY 1 0 / 3 1 / 2 0 1 3
Mailing Address P.O. BOX 85		Amount of Each Receipt this Period 2 5 0 0
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 ▼ 2 5 0 0 0	

Full Name (Last, First, Middle Initial) B. MICHAEL D. ELLIOTT		Date of Receipt MM / DD / YYYY 1 2 / 1 2 / 2 0 1 3
Mailing Address P.O. BOX 85		Amount of Each Receipt this Period 2 5 0 0
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 ▼ 2 7 5 0 0	

Full Name (Last, First, Middle Initial) C. MICHAEL D. ELLIOTT		Date of Receipt MM / DD / YYYY 1 2 / 2 7 / 2 0 1 3
Mailing Address P.O. BOX 85		Amount of Each Receipt this Period 2 5 0 0
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 ▼ 3 0 0 0 0	

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

2 5 0 0
2 5 0 0
3 0 0 0 0

14031151959

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 28

(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

14031151960

A. DON FOSTER

Full Name (Last, First, Middle Initial)
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 ▼
21000

Date of Receipt
07 / 31 / 2013

Amount of Each Receipt this Period
3000

B. DON FOSTER

Full Name (Last, First, Middle Initial)
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 ▼
24000

Date of Receipt
08 / 30 / 2013

Amount of Each Receipt this Period
3000

C. DON FOSTER

Full Name (Last, First, Middle Initial)
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 ▼
27000

Date of Receipt
09 / 30 / 2013

Amount of Each Receipt this Period
3000

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

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 28
(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

14031151961

A. DON FOSTER

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

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

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

B. DON FOSTER

Full Name (Last, First, Middle Initial)
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 3 0 0 0**

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

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

C. DON FOSTER

Full Name (Last, First, Middle Initial)
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 6 0 0 0**

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

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).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 28

(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. 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 ▼

2 5 2 0 0

Date of Receipt

0 7 / 3 1 / 2 0 1 3

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 ▼

2 8 8 0 0

Date of Receipt

0 8 / 3 0 / 2 0 1 3

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 ▼

3 2 4 0 0

Date of Receipt

0 9 / 3 0 / 2 0 1 3

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).....▶

Empty boxes for subtotal and total amounts.

14031151962

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 28

(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

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 0

Date of Receipt

1 0 / 3 1 / 2 0 1 3

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 ▼

3 9 6 0 0

Date of Receipt

1 2 / 1 2 / 2 0 1 3

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 ▼

4 3 2 0 0

Date of Receipt

1 2 / 2 7 / 2 0 1 3

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

14031151963

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 28

(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

14031151964

Full Name (Last, First, Middle Initial) A. JAMES C. PACE, JR.		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 234 NORTH LAKE EMORY DRIVE		Amount of Each Receipt this Period 4400
City INMAN	State Zip Code SC 29349	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30800	

Full Name (Last, First, Middle Initial) B. JAMES C. PACE, JR.		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 214 NORTH LAKE EMORY DRIVE		Amount of Each Receipt this Period 4400
City INMAN	State Zip Code SC 29349	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35200	

Full Name (Last, First, Middle Initial) C. JAMES C. PACE, J.R.		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 234 NORTH LAKE EMORY DRIVE		Amount of Each Receipt this Period 4400
City INMAN	State Zip Code SC 29349	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39600	

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 28

(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
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 Occupation
INMAN MILLS CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 4 0 0 0

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

Amount of Each Receipt this Period
4 4 0 0

B. Full Name (Last, First, Middle Initial)
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 Occupation
INMAN MILLS CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4 8 4 0 0

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

Amount of Each Receipt this Period
4 4 0 0

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

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 Occupation
INMAN MILLS CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5 2 8 0 0

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

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)..... ▶

5 2 8 0 0

4 4 0 0

14031151965

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 28

(check only one)

<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

Full Name (Last, First, Middle Initial)

A. KEMP SMITH

Mailing Address

P.O. BOX 187

City State Zip Code
ENOREE SC 29335

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

PLANT MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 3 8 0 0

Date of Receipt

0 7 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

Full Name (Last, First, Middle Initial)

B. KEMP SMITH

Mailing Address

P.O. BOX 187

City State Zip Code
ENOREE SC 29335

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

PLANT MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 7 2 0 0

Date of Receipt

0 8 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

Full Name (Last, First, Middle Initial)

C. KEMP SMITH

Mailing Address

P.O. BOX 187

City State Zip Code
ENOREE SC 29335

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

PLANT MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 6 0 0

Date of Receipt

0 9 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

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

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

3 4 0 0

3 0 6 0 0

14031151966

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 28

(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. KEMP SMITH

Mailing Address

P.O. BOX 187

City

ENOREE

State

SC

Zip Code

29335

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

PLANT MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 4 0 0 0

Date of Receipt

1 0 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

Full Name (Last, First, Middle Initial)

B. KEMP SMITH

Mailing Address

P.O. BOX 187

City

ENOREE

State

SC

Zip Code

29335

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

PLANT MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 7 4 0 0

Date of Receipt

1 2 / 1 2 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

Full Name (Last, First, Middle Initial)

C. KEMP SMITH

Mailing Address

P.O. BOX 187

City

ENOREE

State

SC

Zip Code

29335

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

PLANT MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 8 0 0

Date of Receipt

1 2 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period

3 4 0 0

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

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

3 4 0 0

3 4 0 0

14031151967

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 28

(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

SC

Zip Code

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 ▼

2 9 4 0 0

Date of Receipt

MM / DD / YYYY
07 / 31 / 2013

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

SC

Zip Code

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 ▼

3 3 6 0 0

Date of Receipt

MM / DD / YYYY
08 / 30 / 2013

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

SC

Zip Code

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 ▼

3 7 8 0 0

Date of Receipt

MM / DD / YYYY
09 / 30 / 2013

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).....▶

Empty receipt amount boxes for subtotal and total.

14031151968

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 28
(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 State Zip Code
GREENVILLE SC 29601

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

Name of Employer Occupation
INMAN MILLS V P SALES

Receipt For: Primary General Other (specify) **▼**
Aggregate Year-to-Date **4 2 0 0 0**

Date of Receipt

1 0 / 3 1 / 2 0 1 3

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 State Zip Code
GREENVILLE SC 29601

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

Name of Employer Occupation
INMAN MILLS V P SALES

Receipt For: Primary General Other (specify) **▼**
Aggregate Year-to-Date **4 6 2 0 0**

Date of Receipt

1 2 / 1 2 / 2 0 1 3

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 State Zip Code
GREENVILLE SC 29601

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

Name of Employer Occupation
INMAN MILLS V P SALES

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

Date of Receipt

1 2 / 2 7 / 2 0 1 3

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).....▶

.....

.....

14031151969

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 28

(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 8 2 0 0

Date of Receipt

0 7 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

2 6 0 0

B. 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 ▼

2 0 8 0 0

Date of Receipt

0 8 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period

2 6 0 0

C. 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 ▼

2 3 4 0 0

Date of Receipt

0 9 / 3 0 / 2 0 1 3

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).....▶

14031151970

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 28 OF 28

(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

Date of Receipt

1 0 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period

2 6 0 0

Name of Employer

INMAN MILLS

Occupation

QUALITY CONTROL

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 6 0 0 0

Full Name (Last, First, Middle Initial)

B. MICHAEL KEITH WOODS

Mailing Address

204 HAMPTON BLVD.

City
GAFFNEY

State Zip Code
SC 29341

FEC ID number of contributing federal political committee.

C

Date of Receipt

1 2 / 1 2 / 2 0 1 3

Amount of Each Receipt this Period

2 6 0 0

Name of Employer

INMAN MILLS

Occupation

QUALITY CONTROL

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 8 6 0 0

Full Name (Last, First, Middle Initial)

C. MICHAEL KEITH WOODS

Mailing Address

204 HAMPTON BLVD.

City
GAFFNEY

State Zip Code
SC 29341

FEC ID number of contributing federal political committee.

C

Date of Receipt

1 2 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period

2 6 0 0

Name of Employer

INMAN MILLS

Occupation

QUALITY CONTROL

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 1 2 0 0

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

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

3 8 1 0 0 0

14031151971

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)

Date of Disbursement

A. McHenry (Patrick) for Congress

M M M	D D D	Y Y Y Y Y Y
0 7	3 1	2 0 1 3

Mailing Address
PO Box 1406

City State Zip Code
Hickory NC 28603

Purpose of Disbursement
Contribution

0 1 1

Amount of Each Disbursement this Period

Candidate Name
Patrick McHenry

Category/Type

5 0 0 0 0

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: **NC** District: **10th.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Joe Wilson for Congress

M M M	D D D	Y Y Y Y Y Y
0 9	2 0	2 0 1 3

Mailing Address
PO Box 2145

City State Zip Code
West Columbia SC 29171

Purpose of Disbursement
Contribution

0 1 1

Amount of Each Disbursement this Period

Candidate Name
Joe Wilson

Category/Type

5 0 0 0 0

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: **SC** District: **2nd.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

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

Mailing Address

City State Zip Code

Purpose of Disbursement

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Amount of Each Disbursement this Period

Candidate Name

Category/Type

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

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

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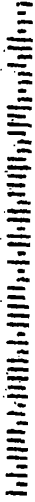
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