

2011 JUL -6 AM 9:55

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**
INMAN MILLS GOOD GOVERNMENT FUND

ADDRESS (number and street) **PO BOX 207**
 Check if different than previously reported. (ACC)
INMAN SC 29349

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C 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 **01 / 01 / 2011** through **06 / 30 / 2011**

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 **07 / 01 / 2011**

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

Office Use Only							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INMAN MILLS GOOD GOVERNMENT FUND

Report Covering the Period: From:

MM	DD	YY
01	01	2011

 To:

MM	DD	YY
06	30	2011

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, <table border="1"><tr><td>YY</td><td>MM</td><td>DD</td></tr><tr><td>20</td><td>11</td><td></td></tr></table>	YY	MM	DD	20	11		<table border="1"><tr><td>8</td><td>2</td><td>2</td><td>7</td><td>3</td><td>8</td></tr></table>	8	2	2	7	3	8
YY	MM	DD											
20	11												
8	2	2	7	3	8								
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1"><tr><td>8</td><td>2</td><td>2</td><td>7</td><td>3</td><td>8</td></tr></table>	8	2	2	7	3	8						
8	2	2	7	3	8								
(c) Total Receipts (from Line 19).....	<table border="1"><tr><td>1</td><td>9</td><td>0</td><td>5</td><td>0</td><td>0</td></tr></table>	1	9	0	5	0	0						
1	9	0	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"><tr><td>1</td><td>0</td><td>1</td><td>3</td><td>2</td><td>3</td><td>8</td></tr></table>	1	0	1	3	2	3	8					
1	0	1	3	2	3	8							
7. Total Disbursements (from Line 31).....	<table border="1"><tr><td>4</td><td>2</td><td>5</td><td>0</td><td>0</td><td>0</td></tr></table>	4	2	5	0	0	0						
4	2	5	0	0	0								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1"><tr><td>5</td><td>8</td><td>8</td><td>2</td><td>3</td><td>8</td></tr></table>	5	8	8	2	3	8						
5	8	8	2	3	8								
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

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

11030620955

**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.....	4 2 5 0 0 0	4 2 5 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	4 2 5 0 0 0	4 2 5 0 0 0
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))..	4 2 5 0 0 0	4 2 5 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4 2 5 0 0 0	4 2 5 0 0 0

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

1 9 0 5 0 0
1 9 0 5 0 0

1 9 0 5 0 0
1 9 0 5 0 0

11030620958

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 1 OF 14	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

11030620959

Full Name (Last, First, Middle Initial)
A. 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) ▼ 8,300

Date of Receipt
01 / 31 / 2011

Amount of Each Receipt this Period
8,300

Full Name (Last, First, Middle Initial)
B. 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) ▼ 1,660.0

Date of Receipt
03 / 30 / 2011

Amount of Each Receipt this Period
8,300

Full Name (Last, First, Middle Initial)
C. 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) ▼ 2,490.0

Date of Receipt
05 / 31 / 2011

Amount of Each Receipt this Period
8,300

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 14

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

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. 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 ▼

3 0 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 1

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 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 ▼

6 0 0 0

Date of Receipt

0 3 / 3 0 / 2 0 1 1

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 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 ▼

9 0 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 1

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).....▶

11030620960

**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 3 OF 14

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

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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. PATRICIA H. ROBBINS

Mailing Address

307 MITCHELL ROAD

City State Zip Code
INMAN SC 29349

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
CORPORATE SECRETARY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 4 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 1

Amount of Each Receipt this Period

2 4 0 0

Full Name (Last, First, Middle Initial)

B. PATRICIA H. ROBBINS

Mailing Address

307 MITCHELL ROAD

City State Zip Code
INMAN SC 29349

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
CORPORATE SECRETARY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 8 0 0

Date of Receipt

0 3 / 3 0 / 2 0 1 1

Amount of Each Receipt this Period

2 4 0 0

Full Name (Last, First, Middle Initial)

C. PATRICIA H. ROBBINS

Mailing Address

307 MITCHELL ROAD

City State Zip Code
INMAN SC 29349

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
CORPORATE SECRETARY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

7 2 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 1

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).....▶

11030620961

**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 14

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

INMAN MILLS GOOD GOVERNMENT FUND

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

Date of Receipt

Mailing Address
137 MARSHALL BRIDGE DRIVE

01 / 31 / 2011

City State Zip Code
GREENVILLE SC 29605

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

4800

Name of Employer Occupation
INMAN MILLS VP PURCHASING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4800

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

Date of Receipt

Mailing Address
137 MARSHALL BRIDGE DRIVE

03 / 30 / 2011

City State Zip Code
GREENVILLE SC 29605

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

4800

Name of Employer Occupation
INMAN MILLS VP PURCHASING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9600

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

Date of Receipt

Mailing Address
137 MARSHALL BRIDGE DRIVE

05 / 31 / 2011

City State Zip Code
GREENVILLE SC 29605

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

4800

Name of Employer Occupation
INMAN MILLS VP PURCHASING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

14400

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

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

11030620962

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

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

FOR LINE NUMBER: PAGE 5 OF 14
(check only one)

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

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

Mailing Address
PO BOX 308

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 ▼
4 0 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 1

Amount of Each Receipt this Period

4 0 0 0

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

Mailing Address
PO BOX 308

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 ▼
8 0 0 0

Date of Receipt

0 3 / 3 0 / 2 0 1 1

Amount of Each Receipt this Period

4 0 0 0

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

Mailing Address
PO BOX 308

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 ▼
1 2 0 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 1

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).....▶

11030620963

**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 14

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

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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. 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 ▼

9,500.0

Date of Receipt

01 / 31 / 2011

Amount of Each Receipt this Period

9,500

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 ▼

1,900.0

Date of Receipt

03 / 30 / 2011

Amount of Each Receipt this Period

9,500

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 ▼

2,850.0

Date of Receipt

05 / 31 / 2011

Amount of Each Receipt this Period

9,500

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

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

9,500

9,500

11030620964

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

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

11030620965

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

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

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 ▼
1 5 6 0 0

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

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 ▼
2 3 4 0 0

Date of Receipt
0 5 / 3 1 / 2 0 1 1

Amount of Each Receipt this Period
7 8 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **7 8 0 0**

TOTAL This Period (last page this line number only).....▶ **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 8 OF 14	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) A. MICHAEL D. ELLIOTT		Date of Receipt 01 / 31 / 2011	
Mailing Address PO BOX 85		Amount of Each Receipt this Period 2500	
City WOODRUFF	State SC	Zip Code 29388	
FEC ID number of contributing federal political committee. C			
Name of Employer INMAN MILLS	Occupation PERSONNEL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500		

Full Name (Last, First, Middle Initial) B. MICHAEL D. ELLIOTT		Date of Receipt 03 / 30 / 2011	
Mailing Address PO BOX 85		Amount of Each Receipt this Period 2500	
City WOODRUFF	State SC	Zip Code 29388	
FEC ID number of contributing federal political committee. C			
Name of Employer INMAN MILLS	Occupation PERSONNEL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000		

Full Name (Last, First, Middle Initial) C. MICHAEL D. ELLIOTT		Date of Receipt 05 / 31 / 2011	
Mailing Address PO BOX 85		Amount of Each Receipt this Period 2500	
City WOODRUFF	State SC	Zip Code 29388	
FEC ID number of contributing federal political committee. C			
Name of Employer INMAN MILLS	Occupation PERSONNEL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7500		

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

11030620966

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

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

FOR LINE NUMBER: PAGE 9 OF 14

(check only one)

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

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. DON FOSTER

Mailing Address

214 SPRINGS LAKE LOOP

City

SIMPSONVILLE

State

SC

Zip Code

29681

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

CORP. HR DIRECTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 0 0

Date of Receipt

01 / 31 / 2011

Amount of Each Receipt this Period

3 0 0 0

Full Name (Last, First, Middle Initial)

B. DON FOSTER

Mailing Address

214 SPRINGS LAKE LOOP

City

SIMPSONVILLE

State

SC

Zip Code

29681

FEC ID number of contributing federal political committee.

C

Name of Employer

INMAN MILLS

Occupation

CORP. HR DIRECTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

6 0 0 0

Date of Receipt

03 / 30 / 2011

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 ▼

9 0 0 0

Date of Receipt

05 / 31 / 2011

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).....▶

11030620967

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

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

FOR LINE NUMBER: PAGE 10 OF 14
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. WILLIAM C. HIGHTOWER, III

Mailing Address

206 THORNHILL DR.

City State Zip Code
SPARTANBURG SC 29301

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

Date of Receipt

0 1 / 3 1 / 2 0 1 1

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 State Zip Code
SPARTANBURG SC 29301

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 ▼
7 2 0 0

Date of Receipt

0 3 / 3 0 / 2 0 1 1

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 State Zip Code
SPARTANBURG SC 29301

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 ▼
1 0 8 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 1

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).....▶

11030620968

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

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

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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. JAMES C. PACE, JR.

Mailing Address

234 NORTH LAKE EMORY DRIVE

City State Zip Code
INMAN SC 29394

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
CFO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 4 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 1

Amount of Each Receipt this Period

4 4 0 0

Full Name (Last, First, Middle Initial)

B. JAMES C. PACE, JR.

Mailing Address

234 NORTH LAKE EMORY DRIVE

City State Zip Code
INMAN SC 29394

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
CFO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

8 8 0 0

Date of Receipt

0 3 / 3 0 / 1 0 1 1

Amount of Each Receipt this Period

4 4 0 0

Full Name (Last, First, Middle Initial)

C. JAMES C. PACE, JR.

Mailing Address

234 NORTH LAKE EMORY DRIVE

City State Zip Code
INMAN SC 29394

FEC ID number of contributing federal political committee.

C

Name of Employer
INMAN MILLS

Occupation
CFO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1 3 2 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 1

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).....▶

11030620969

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

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

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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

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

Mailing Address
PO BOX 187

City ENOREE State SC Zip Code 29335

FEC ID number of contributing federal political committee. C

Name of Employer INMAN MILLS Occupation PLANT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3 4 0 0

Date of Receipt

0 1 / 3 1 / 2 0 1 1

Amount of Each Receipt this Period

3 4 0 0

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

Mailing Address
PO BOX 187

City ENOREE State SC Zip Code 29335

FEC ID number of contributing federal political committee. C

Name of Employer INMAN MILLS Occupation PLANT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6 8 0 0

Date of Receipt

0 3 / 3 0 / 2 0 1 1

Amount of Each Receipt this Period

3 4 0 0

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

Mailing Address
PO 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 ▼
1 0 2 0 0

Date of Receipt

0 5 / 3 1 / 2 0 1 1

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).....▶

.....

.....

11030620970

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

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

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

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 **VP SALES**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4 2 0 0**

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

Amount of Each Receipt this Period
4 2 0 0

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

Mailing Address
224 S. LAURENS ST. UNIT # 406

City **GREENVILE** State **SC** Zip Code **29601**

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

Name of Employer **INMAN MILLS** Occupation **VP SALES**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8 4 0 0**

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

Amount of Each Receipt this Period
4 2 0 0

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

Mailing Address
224 S. LAURENS ST. UNIT # 406

City **GREENVILLE** State **SC** Zip Code **29349**

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

Name of Employer **INMAN MILLS** Occupation **VP SALES**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1 2 6 0 0**

Date of Receipt
0 5 / 3 1 / 2 0 1 1

Amount of Each Receipt this Period
4 2 0 0

SUBTOTAL of Receipts This Page (optional).....▶ **4 2 0 0**

TOTAL This Period (last page this line number only).....▶ **4 2 0 0**

11030620971

**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 14 OF 14

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

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. MICHAEL KEITH WOODS

Date of Receipt

01 / 31 / 2011

Mailing Address

204 HAMPTON BLVD.

Amount of Each Receipt this Period

2,600

City State Zip Code

GAFFNEY 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 ▼

2,600

Full Name (Last, First, Middle Initial)

B. MICHAEL KEITH WOODS

Date of Receipt

03 / 30 / 2011

Mailing Address

204 HAMPTON BLVD.

Amount of Each Receipt this Period

2,600

City State Zip Code

GAFFNEY 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 ▼

5,200

Full Name (Last, First, Middle Initial)

C. MICHAEL KEITH WOODS

Date of Receipt

05 / 31 / 2011

Mailing Address

204 HAMPTON BLVD.

Amount of Each Receipt this Period

2,600

City State Zip Code

GAFFNEY 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 ▼

7,800

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

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

1,905.00

11030620972

**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 1 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. COMMITTEE FOR THE ADVANCEMENT OF COTTON

Date of Disbursement

MM	DD	YYYY
03	25	2011

Mailing Address
P. O. BOX 2995

City State Zip Code
CORDOVA TN 38088-2995

Purpose of Disbursement
CONTRIBUTION

0	1	1
---	---	---

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

B. TEAM GRAHAM

Date of Disbursement

MM	DD	YYYY
03	25	2011

Mailing Address
P. O. BOX 1801

City State Zip Code
COLUMBIA SC 29202

Purpose of Disbursement
CONTRIBUTION

0	1	1
---	---	---

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Candidate Name

Category/
Type

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

State: SC District:

Full Name (Last, First, Middle Initial)

C. TEXTILEPAC

Date of Disbursement

MM	DD	YYYY
03	30	2011

Mailing Address
469 HOSPITAL DRIVE, SUITE C

City State Zip Code
GASTONIA NC 28054

Purpose of Disbursement
CONTRIBUTION

0	1	1
---	---	---

Amount of Each Disbursement this Period

1	2	5	0	0	0
---	---	---	---	---	---

Candidate Name

Category/
Type

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

State: District:

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

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

11030620973

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INMAN MILLS GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A.

GOWDY TO CONGRESS

Mailing Address
P. O. BOX 3324

City State Zip Code
SPARTANBURG SC 29304

Purpose of Disbursement
CONTRIBUTION

Candidate Name

TREY GOWDY

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

State: SC District: 4 TH

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2011

Amount of Each Disbursement this Period

5 0 0 0 0

0 1 1
Category/
Type

Full Name (Last, First, Middle Initial)

B.

LARRY KISSELL FOR CONGRESS

Mailing Address
P. O. BOX 1530

City State Zip Code
BISCOE NC 27209

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LARRY KISSELL

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

State: NC District: 8 TH

Date of Disbursement

MM / DD / YYYY
05 / 23 / 011

Amount of Each Disbursement this Period

1 0 0 0 0 0

0 1 1
Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

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

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

4 2 5 0 0 0

11030620974

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
7/1/11

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

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

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PR

7/6/11

PREPARER

DATE PREPARED

(3/2005)

11030620975