

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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Office Use Only  
FEDERAL MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

INMAN MILLS GOOD GOVERNMENT FUND

ADDRESS (number and street)

P O BOX 207

(Check if address  
is changed)

INMAN

SC

29349

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

mezell@inmanmills.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

01<sup>M</sup> / 30<sup>D</sup> / 2015<sup>Y</sup>

3. FEC IDENTIFICATION NUMBER

C00142893

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MATTHEW K. EZELL

Signature of Treasurer

*Matthew K. Ezell*

Date

01<sup>M</sup> / 30<sup>D</sup> / 2015<sup>Y</sup>

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

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5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

**INMAN MILLS GOOD GOVERNMENT FUND**

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

**INMAN MILLS**

Mailing Address **P O BOX 207**

**INMAN** **SC** **29349**

CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name **MATTHEW K. EZELL**

Mailing Address **P O BOX 207**

**INMAN** **SC** **29349**

Title or Position CITY STATE ZIP CODE

**TREASURER** Telephone number **864** - **472** - **0229**

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **MATTHEW K. EZELL**

Mailing Address **P O BOX 207**

**INMAN** **SC** **29349**

CITY STATE ZIP CODE

Title or Position **TREASURER** Telephone number **864** - **472** - **0229**

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Full Name of Designated Agent

PATRICA H. ROBBINS

Mailing Address

P O BOX 207

INMAN

CITY

SC

STATE

29349

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

864-472-0207

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

THE PALMETTO BANK

Mailing Address

11500 ASHEVILLE HIGHWAY

INMAN

CITY

SC

STATE

29349

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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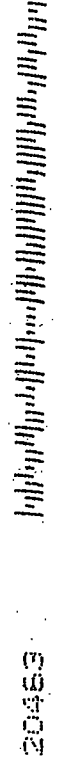
Post Office Box 207  
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REC MAIL CENTER

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463



20463

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

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER

2/9/15  
 DATE PREPARED

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