

NOV-14-2000 TUE 08:40 AM COMPTON CROWELL HEWITT

FAX NO. 2284321126

P. 02

2000 ELECTION CYCLE  
SS 00-01

**AUTHORIZED JUDICIAL POLITICAL COMMITTEE'S  
REPORT OF RECEIPTS AND DISBURSEMENTS**

<b>RECEIVED</b>
NOV 14 2000
ELECTIONS CAMPAIGN FINANCE LOBBYING UNIT SECRETARY OF STATE
DATE STAMP
Staff Initial _____

Name of Committee Friends of Oliver Diaz  
 Address of Committee P.O. Box 543 - Biloxi, MS 39533  
 Fax 432-1126 E-mail \_\_\_\_\_ Website \_\_\_\_\_  
 Name of Director Arvah Hopkins Telephone 228-863-6442  
 Name of Treasurer Peter Abide Telephone 228-374-4940  
 County Harrison

Name of Candidate _____
Address _____
Office Sought _____

**TYPE OF REPORT**

- \_\_\_ May 10, 2000 Periodic Report (January 1, 2000, through April 30, 2000)..... Mandatory
- \_\_\_ June 9, 2000 Periodic Report (May 1, 2000, through May 31, 2000)..... Mandatory
- \_\_\_ July 7, 2000 Periodic Report (June 1, 2000, through June 30, 2000)..... Mandatory
- \_\_\_ October 10, 2000 Periodic Report (July 1, 2000, through September 30, 2000)..... Mandatory
- \_\_\_ October 31, 2000 Pre-Election Report (October 1, 2000, through October 28, 2000)..... Mandatory
- X November 14, 2000 Pre-Runoff Report (October 29, 2000, through November 11, 2000)..... Runoff Candidates Only
- \_\_\_ January 10, 2001 Periodic Report (October 1, 2000, through December 31, 2000)..... Mandatory
- \_\_\_ January 31, 2001 Annual Report (January 1, 2000, through December 31, 2000)..... Mandatory
- \_\_\_ Termination Report (Political Committee will no longer accept contributions or make..... Required to terminate  
campaign expenditures and has no outstanding campaign debt or obligations.) reporting obligations

**IMPORTANT**

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the political committee shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a political committee files a termination report, annual and periodic reports must continue to be filed in accordance with Miss. Code Ann. §23-15-807 (b)(II) and (II)(1972).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions to political committees in excess of \$200 received after the reporting period, but more than 48 hours before 12:01 a.m. on the day of the election, must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	This Period	Calendar year-to-date
Total amount of contributions (itemized + non-itemized)	\$ 123,100.00	\$ 421,660.00
Total amount of disbursements (itemized + non-itemized)	\$ 103,469.97	\$ 396,691.97
Total amount of cash on hand	\$ 19,630.03	

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

  
 \_\_\_\_\_  
 (Signature of Treasurer)

Nov. 14, 2000  
 \_\_\_\_\_  
 (Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Political Committees associated with statewide or multi-county elections return form to ERIC CLARK, Secretary of State, Elections Division, PO Box 136, Jackson, MS 39205 or fax to 601-359-1499.  
 2. Political Committees associated with single county elections should return this form to their county Circuit Clerk.

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P. 03

Name of Candidate or Committee: **FRIENDS OF OLIVER DIAZ**  
 Reporting Period: **October 29, 2000 through November 11, 2000**

**RECEIVED****NOV 14 2000****ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC X Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo. Day, Year)	Amount of each receipt this period
Full name MARK W. GARRIGA		10/29/00	\$200.00
Mailing Address 165 NORTH MAPLE ST.			
City, State, Zip Code RIDGELAND, MS 39517			
Name of Employer (Required)			
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$700.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC X Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo. Day, Year)	Amount of each receipt this period
Full name MELISSA McLEAN		10/30/00	\$3,500.00
Mailing Address 2217 BAYOU VIEW CIRCLE			
City, State, Zip Code GAUTIER, MS. 39553			
Name of Employer (Required)			
Occupation (Required) GENERAL BUSINESS		Aggregate year-to-date	\$3,500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC X Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo. Day, Year)	Amount of each receipt this period
Full name APRIL C. STAUTER		10/30/00	\$1,500.00
Mailing Address 1008 RULAND ST.			
City, State, Zip Code PASCAGOULA, MS 39581			
Name of Employer (Required)			
Occupation (Required) GENERAL BUSINESS		Aggregate year-to-date	\$1,500.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC X Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo. Day, Year)	Amount of each receipt this period
Full name W. H. LISTON		10/30/00	\$5,000.00
Mailing Address 128 N. QUITMAN			
City, State, Zip Code WINONA, MS 38967			
Name of Employer (Required)			
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$5,000.00

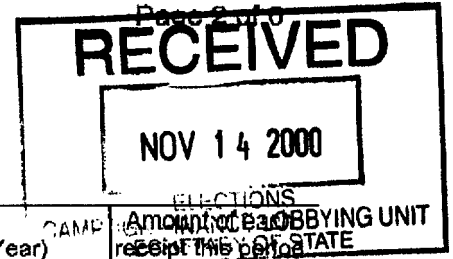
ELECTIONS  
 CAMPAIGN FINANCE LOBBYING UNIT  
 SECRETARY OF STATE  
 receive this period

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P. 04

Name of Candidate or Committee: **FRIENDS OF OLIVER DIAZ**  
 Reporting Period: October 29, 2000 through November 11, 2000



**ITEMIZED RECEIPTS**

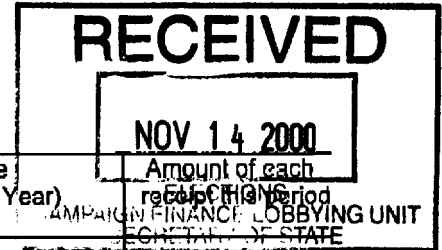
A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC X Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name WILLIAM S. JONES Mailing Address 526 FOXRUN TRAIL E-1 City, State, Zip Code JACKSON, MS. 39208 Name of Employer (Required)	11/01/00	\$5,000.00
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$5,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC X Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name WILLIAM F. SASSER, III Mailing Address 604 MEADOWRIDGE City, State, Zip Code ST. LOUIS, MO. 63122-3021 Name of Employer (Required)	11/01/00	\$5,000.00
Occupation (Required) GENERAL BUSINESS	Aggregate year-to-date	\$5,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC X Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name NANCY H. RAMSEY Mailing Address 845 E. SCENIC DR. City, State, Zip Code PASS CHRISTIAN, MS. 39571 Name of Employer (Required)	11/09/00	\$300.00
Occupation (Required) GENERAL BUSINESS	Aggregate year-to-date	\$300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	Aggregate year-to-date	

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Name of Candidate or Committee: **FRIENDS OF OLIVER DIAZ**  
 Reporting Period: October 29, 2000 through November 11, 2000



**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC X Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name <b>MRS. SARAH H. PARKER</b> Mailing Address <b>2505 SAVERY DR.</b> City, State, Zip Code <b>TUPELO, MS. 38804</b> Name of Employer (Required)	11/09/00	\$500.00
Occupation (Required) <b>HOUSEWIFE</b>	Aggregate year-to-date	\$500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name <b>ROY O. PARKER, JR.</b> Mailing Address <b>1736 WOODSIDE CIRCLE</b> City, State, Zip Code <b>TUPELO, MS 38801</b> Name of Employer (Required)	11/09/00	\$500.00
Occupation (Required) <b>ATTORNEY</b>	Aggregate year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC X Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name <b>LACY M. JOHNSON</b> Mailing Address <b>7351 ROYAL OAKLAND DRIVE</b> City, State, Zip Code <b>INDIANAPOLIS, IN. 46236</b> Name of Employer (Required)	11/09/00	\$5,000.00
Occupation (Required) <b>GENERAL BUSINESS</b>	Aggregate year-to-date	\$5,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC X Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name <b>H. SCOTT ROSS</b> Mailing Address <b>P.O. BOX 332</b> City, State, Zip Code <b>WEST POINT, MS. 39773</b> Name of Employer (Required) <b>SELF-EMPLOYED</b>	11/09/00	\$500.00
Occupation (Required) <b>ATTORNEY</b>	Aggregate year-to-date	\$500.00

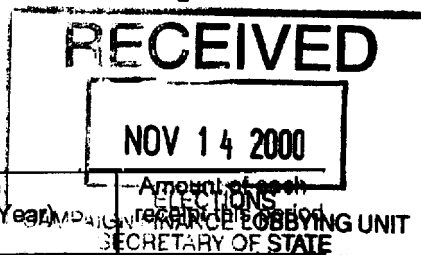
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Name of Candidate or Committee: **FRIENDS OF OLIVER DIAZ**  
 Reporting Period: October 29, 2000 through November 11, 2000



**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name THOMPSON & HOLLINGSWORTH, P.A. Mailing Address P.O. DRAWER 119 City, State, Zip Code FOREST, MS 39074 Name of Employer (Required)	11/09/00	\$250.00
Occupation (Required) ATTORNEYS	Aggregate year -to-date	\$250.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name HWPA PAC Mailing Address P.O. BOX 23040 City, State, Zip Code JACKSON, MS. 39225 Name of Employer (Required)	11/09/00	\$500.00
Occupation (Required) GENERAL BUSINESS	Aggregate year -to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name SAMUEL LEE BEGLEY Mailing Address 854 N. JEFFERSON ST. City, State, Zip Code JACKSON, MS. 39202 Name of Employer (Required)	11/09/00	\$1,000.00
Occupation (Required) GENERAL BUSINESS	Aggregate year -to-date	\$1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name MRS. CRYMES G. PITTMAN Mailing Address 2136 HERITAGE HILL DR. City, State, Zip Code JACKSON, MS 39211 Name of Employer (Required)	11/10/00	\$5,000.00
Occupation (Required) HOUSEWIFE	Aggregate year-to-date	\$5,000.00

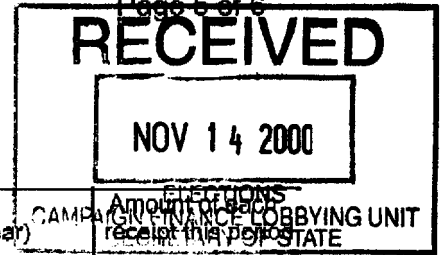
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Name of Candidate or Committee: **FRIENDS OF OLIVER DIAZ**  
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**ITEMIZED RECEIPTS**

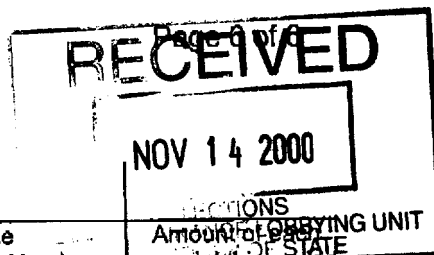
A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name JOE SAM OWEN	11/10/00	\$1,000.00
Mailing Address P.O. DRAWER 420		
City, State, Zip Code GULFPORT, MS. 39502		
Name of Employer (Required)		
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$1,200.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name COURTYARD PLAZA ENTERPRISE	11/10/00	\$350.00
Mailing Address 9994 RODRIGUEZ		
City, State, Zip Code D'IBERVILLE, MS 39532		
Name of Employer (Required)		
Occupation (Required) GENERAL BUSINESS	Aggregate year-to-date	\$350.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name PHILIP E. CARBY, P.C.	11/10/00	\$1,000.00
Mailing Address P.O. BOX 963		
City, State, Zip Code NATCHEZ, MS. 39121		
Name of Employer (Required)		
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$2,000.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name AMERICAN SECURITY INS. COMPANY	11/10/00	\$1,000.00
Mailing Address 260 INTERSTATE NORTH CIRCLE NW		
City, State, Zip Code ATLANTA, GA 30339		
Name of Employer (Required)		
Occupation (Required) GENERAL BUSINESS	Aggregate year-to-date	\$1,000.00

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Name of Candidate or Committee: **FRIENDS OF OLIVER DIAZ**  
 Reporting Period: October 29, 2000 through November 14, 2000



**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of receipt this period
Full name <b>JENNIFER DIAZ</b>	11/03/00	<b>\$73,000.00</b>
Mailing Address <b>580 BEACH STREET</b>		
City, State, Zip Code <b>BILOXI, MS 39530</b>		
Name of Employer (Required)		
Occupation (Required) <b>GENERAL BUSINESS</b>	Aggregate year-to-date	<b>\$73,000.00</b>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name		
Mailing Address		
City, State, Zip Code		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name		
Mailing Address		
City, State, Zip Code		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo. Day, Year)	Amount of each receipt this period
Full name		
Mailing Address		
City, State, Zip Code		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	

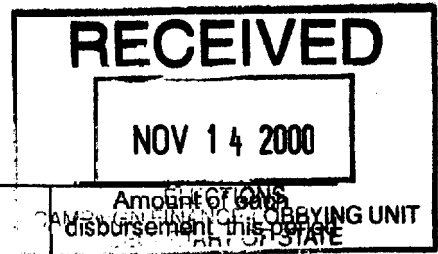
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Name of Candidate or Committee: **FRIENDS OF OLIVER DIAZ**  
 Reporting Period: October 29, 2000 through November 11, 2000



**ITEMIZED DISBURSEMENTS**

A. Full name THE PRIME TIME GROUP	Date (Mo. Day, Year)	Amount of each disbursement this period
Mailing Address 2400 14 <sup>TH</sup> STREET, NORTHROP BLDG., STE 110	10/23/2000	\$102,404.97
City, State, Zip Code GULFPORT, MS 39501		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$347,995.39
B. Full name BRIAN FREEMAN	Date (Mo. Day, Year)	Amount of each disbursement this period
Mailing Address 10296 SEYMOUR AVE.	11/10/2000	\$1,065.00
City, State, Zip Code D'IBERVILLE, MS. 39532		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,065.00
C. Full name	Date (Mo. Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
D. Full name	Date (Mo. Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
E. Full name	Date (Mo. Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
F. Full name	Date (Mo. Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	