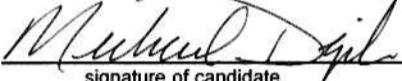
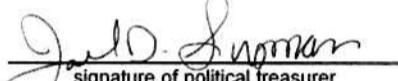
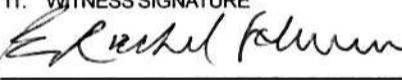


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/06/08	2.a. NAME OF CANDIDATE OR COMMITTEE CAMPAIGN TO ELECT MICHAEL DZIK
2.b. IF COMMITTEE, NAME OF CANDIDATE MICHAEL DZIK	3. ELECTION DATE 8/7/08
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 7030 LEE HWY STE 202 CHATTANOOGA TN 37421 423-490-8500	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 8619 GEORGETOWN TRACE CHATTANOOGA TN 37421 423-894-4465	
5. OFFICE SOUGHT (include district number, if applicable) SCHOOL BOARD DISTRICT 7	6. NAME OF POLITICAL TREASURER (may be candidate) JOEL D. SUSMAN, CPA
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 07/29/08	8.b. ENDING DATE OF REPORTING PERIOD 09/30/08
9. (Check one) a. <input checked="" type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.	
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.	
 signature of candidate	10/6/08 date
 signature of political treasurer	10/6/08 date
 signature of witness	10/6/08 date
 signature of witness	10/6/08 date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ 809.23
b. TOTAL RECEIPTS THIS PERIOD	\$ 0.00
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 809.23
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 0.00
e. TOTAL LOANS OUTSTANDING	\$ 0.00
f. TOTAL OBLIGATIONS OUTSTANDING	\$ 0.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAMPAIGN TO ELECT MICHAEL DZIK			2. REPORT COVERING THE PERIOD		
			FROM: 07/29/08	TO: 09/30/08	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$685.34	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name SIGNS BY TOMORROW				YARD SIGNS	\$225.06
Address 5250C BRAINERD RD					
City CHATTANOOGA	State TN	Zip Code 37411			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name CHATTANOOGA TIMES FREE-PRESS				ADVERTISING	\$329.85
Address 400 EAST 11TH STREET					
City CHATTANOOGA	State TN	Zip Code 37403			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name BERKE FOR STATE SENATE				DONATION	\$130.43
Address P.O. BOX 4747					
City CHATTANOOGA	State TN	Zip Code 37405			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES				\$685.34	
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					