

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

RECEIVED-CITY OF MADISON
CLERKS OFFICE

05 MAY -5 AM 11:37

COMMITTEE IDENTIFICATION

Name of Committee

Daniel Koval for Madison Municipal Justice

Street Address

18 St Lawrence Circle

City, State and Zip Code

Madison, Wisconsin 53717

WSRB ID Number:

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing Pre-Primary Spring Fall Special
 July Continuing Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

Column A
This Period

Column B
Calendar
Year-To-Date

Audited Totals
Office Use Only

\$ 0

\$ 0

\$

\$

\$ 0

\$ 0

\$

\$

\$,054

\$,05

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$,054

\$,05

\$

\$

2. DISBURSEMENTS

\$ 84¹⁴

\$ 84¹⁴

\$

\$

\$

\$

\$

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 84¹⁴

\$ 84¹⁴

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$ 84.09

\$

Total Receipts

\$,054

\$

Subtotal

\$ 84¹⁴

\$

Total Disbursements

\$ 84¹⁴

\$

CASH BALANCE END OF REPORT

\$ 0

\$

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ 0

\$

LOANS (Balance at the Close of This Period-3B)

\$ 0

\$

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 Candidate or Treasurer

Signature of Candidate or Treasurer

Date: May 5, 2005

Dan Koval

Dan Koval

Daytime Phone: 608-264-9282

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

RECEIPTS

Other Income and Commercial Loans

Complete Committee Name

Daniel Keval for Madison Municipal Judge

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /				
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /				
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /				
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /				
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /				
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /				
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /				
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /				
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /				
SUBTOTAL OTHER INCOME THIS PAGE			\$ 0	
TOTAL ITEMIZED OTHER INCOME			\$ 0	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$.054	
TOTAL OTHER INCOME			\$.054	

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Daniel Koval for Madison Municipal Judge

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1/16/05	Bank One 22 East Mifflin St. Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	bank account service fee	\$ 11	
2/14/05	Bank One 22 East Mifflin St. Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	bank account service fee	\$ 11	
3/14/05	Bank One 22 East Mifflin St. Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	bank account service fee	\$ 11	
4/16/05	Bank One 22 East Mifflin St. Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	bank account service fee	\$ 11	
5/14/05	Daniel Koval 18 St Lawrence Circle Madison, WI 53717 Check if: <input type="checkbox"/> In-Kind Offset	disbursement pursuant to registration termination	\$40.14	
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 84.14	
TOTAL ITEMIZED EXPENDITURES			\$ 84.14	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0	
TOTAL EXPENDITURES			\$ 84.14	

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

Daniel Koval for Madison Municipal Judge

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 4 AND OR 7-B

Date	Recipient	Amount
May 4, 2005	Daniel P. Koval 18 St Lawrence circle Madison, WI 53717	\$40.17

LOANS OR DEBT FORGIVENESS

Disclose any personal loans or any assumed responsibility for any and all debts of any candidate or committee.

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Daniel P. Koval

Date

May 5, 2005