



CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

1. Is this an Amendment? No Yes If yes, please enter your committee number: Committee Number

SECTION A: GENERAL INFORMATION

A1. Candidate Committee/Committee/Conduit Name Friends of Cory Sillars		A2. Registrant Type (Choose One) <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit <input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC) <input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee			
A3. Email Corysillars@gmail.com	A4. Phone 715-432-4652				
A5. Mailing Address 226961 Crossbill Ave.		A6. City Wausau	A7. State WI	A8. Zip 54401	
Depository Institution Information					
A9. Institution Name Peoples State Bank		A10. Street Address 1905 Stewart Ave.	A11. City Wausau	A12. State WI	A13. Zip 54401
Treasurer/Administrator Information					
A14. Name Cory Sillars		A15. Email Corysillars@gmail.com		A16. Phone 715-432-4652	
A17. Mailing Address 226961 Crossbill Ave.		A18. City Wausau		A19. State WI	A20. Zip 54401
Other Officers (Optional) <i>Independent and local non-partisan candidates: Indicate by an asterisk (*) which officers are authorized to fill a vacancy in nomination due to death of candidate.</i>					
A21. Name	A22. Title	A23. Email		A24. Phone	
A25. Name	A26. Title	A27. Email		A28. Phone	
Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>			A29. Exemption Affirmation <input type="checkbox"/> Yes, this registrant is eligible for exemption <input checked="" type="checkbox"/> No, this registrant is not eligible for exemption		

SECTION B: CANDIDATE COMMITTEES

B1. Office Sought (include District/Branch) WSD School Board Member		B2. Political Party	B3. Election Date 4/4/2023		
Candidate Information					
B4. Name Cory D. Sillars		B5. Email Corysillars@gmail.com		B6. Phone 715-432-4652	
B7. Mailing Address 226961 Crossbill Ave.		B8. City Wausau		B9. State WI	B10. Zip 54401
Second Candidate Committee <i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i>			B11. Is this your only registered candidate committee in Wisconsin? <input checked="" type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input type="checkbox"/> No, this is my second candidate committee in Wisconsin		
B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.					

SECTION C: RECALL COMMITTEES

C1. Name of Official Subject to Recall	C2. Office of Official Subject to Recall	C3. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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SECTION D: PAC, IEC, AND CONDUITS

D1. Sponsoring Organization	D2. Email	D3. Phone		
D4. Mailing Address	D5. City	D6. State	D7. Zip	

SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES

E1. Political Party (Name candidates appear under on a ballot)		E2. Does the Committee have a Segregated Fund? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Segregated Fund Depository Institution Information (if applicable)				
E3. Institution Name	E4. Street Address	E5. City	E6. State	E7. Zip

SECTION F: REFERENDA COMMITTEES

F1. Nature of Referendum (if applicable)	F2. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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SECTION G: CERTIFICATION

Accurate Information

I certify that I am an authorized representative of the registrant and that to my knowledge all of the information contained within this registration is true, correct, and complete.

Timely Amendments

I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, as well as the requirement to register within 10 days of meeting the requirements to register under Chapter 11 of Wisconsin Statutes.

Records Retention

I further acknowledge the requirement to maintain the records of the registrant in an organized and legible manner for three years from the date of the most recent election in which this registrant participated.

Ongoing Compliance

This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.

Treasurer/Administrator

G1. Printed Name Cory D. Sillars	G2. Signature <i>Cory D. Sillars</i>	G3. Date 12/29/22
Candidate (if applicable)		
G4. Printed Name Cory D. Sillars	G5. Signature <i>Cory D. Sillars</i>	G6. Date 12/29/22