FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines. 12FE4M5

CITIZENS FOR TIM VILLARI

ADDRESS (number and street) 3034 Carmel Street

[X] Check if different than previously reported. (ACC)

Dallas (CITY) | TX (STATE) | 75204 – (ZIP CODE)

2. FEC IDENTIFICATION NUMBER ▶ C C00696286

3. TYPE OF REPORT *(Choose One)*

Check here if this is a Termination Report (TER) [ ]

Quarterly Reports:

- [ ] April 15 (Q1)
- [ ] October 15 (Q3)
- [X] July 15 (Q2)
- [ ] January 31 Year-End Report (YE)

Monthly Reports:

- [ ] Feb 20 (M2)
- [ ] May 20 (M5)
- [ ] Aug 20 (M8)
- [ ] Nov 20 (M11)
- [ ] Mar 20 (M3)
- [ ] Jun 20 (M6)
- [ ] Sep 20 (M9)
- [ ] Dec 20 (M12)
- [ ] Apr 20 (M4)
- [ ] Jul 20 (M7)
- [ ] Oct 20 (M10))
- [ ] Jan 31 (YE)

- [ ] 12-Day Pre-Election Report for the Election on M M / D D / Y Y Y Y in the State of
- [ ] 30-Day Post-Election Report for the General Election on M M / D D / Y Y Y Y

4. IS THIS REPORT AN AMENDMENT? [ ] yes [X] no

5. COVERING PERIOD 04 / 01 / 2025 **THROUGH** 06 / 30 / 2025

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 Treasurer VILLARI, TIMOTHY MICHAEL MR., , ,

Signature of Treasurer *VILLARI, TIMOTHY MICHAEL MR., , ,* Date 07 / 11 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only							

FEC **Form 3P** (Rev. 05/2016)

Write or Type Committee Name

CITIZENS FOR TIM VILLARI

Report Covering the Period: From: 04 / 01 / 2025 To: 06 / 30 / 2025

SUMMARY

6.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	67668.11
7.	TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	629.21
8.	SUBTOTAL (Lines 6 and 7)	68297.32
9.	TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	0.00
10.	CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)	68297.32
11.	DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
12.	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	629.21
13.	EXPENDITURES SUBJECT TO LIMIITATION (Use the worksheet on Page 8 to calculate this amount.)	0.00

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14.	NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3)	0.00
15.	NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4)	0.00

Image# 202507129762768996

DETAILED SUMMARY PAGE

FEC **Form 3P** (Rev. 05/2016) of Receipts

NAME OF COMMITEE (in Full)

CITIZENS FOR TIM VILLARI

Report Covering the Period: From: 04 / 01 / 2025 To: 06 / 30 / 2025

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	0.00	0.00
(ii) unitemized	0.00	0.00
(iii) Total contributions	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	0.00	0.00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	629.21	629.21
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)	629.21	629.21
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	0.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	629.21	629.21

Image# 202507129762768997

DETAILED SUMMARY PAGE

FEC **Form 3P** (Rev. 05/2016) of Disbursements and Contributed Items

NAME OF COMMITEE (in Full)
CITIZENS FOR TIM VILLARI

Report Covering the Period: From: 04 / 01 / 2025 To: 06 / 30 / 2025

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23. OPERATING EXPENDITURES	0.00	0.00
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	0.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	0.00	0.00

III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	

FEC **Form 3P** (Rev. 05/2016)
Federal Election Commission
1050 First Street, N.E.
Washington, D.C.

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE (in full, type or print)

CITIZENS FOR TIM VILLARI

2. FEC IDENTIFICATION NUMBER C C00696286

ADDRESS (number and street) 3034 Carmel Street

Dallas (CITY) | TX (STATE) | 75204 – (ZIP CODE)

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	*ALLOCATION This Period*	*TOTAL ALLOCATION To Date*
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

Image# 202507129762769001

SCHEDULE A-P
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 16	☐ 17a	☐ 17b	☐ 17c	☐ 17d	☐ 18	
☒ 19a	☐ 19b	☐ 20a	☐ 20b	☐ 20c	☐ 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CITIZENS FOR TIM VILLARI

A. Full Name (Last, First, Middle Initial)

CITIZENS FOR TIM VILLARI

Mailing Address 3034 Carmel Street

City	State	Zip Code
Dallas	TX	75204

FEC ID number of contributing federal political committee. C C00696286

Name of Employer | Occupation

Receipt For: 2028

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼ 629.21

Transaction ID : SA19A.4100

Date of Receipt: 06 / 30 / 2025

Loan from candidate

Amount of Each Receipt this Period: 629.21

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional) ▶ 629.21

Total This Period (last page this line number only) ▶ 629.21

Image# 202507129762769002

SCHEDULE C–P
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: (check only one) ☒ 19a ☐ 19b

NAME OF COMMITTEE (In Full)

CITIZENS FOR TIM VILLARI

Transaction ID : SC/12.4100

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item

CITIZENS FOR TIM VILLARI

Mailing Address
3034 Carmel Street

City	State	Zip Code
Dallas	TX	75204

Election: 2028
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
629.21	0.00	629.21

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (if none, enter 0)	Secured:
06 / 30 / 2025	01/17/2032	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

Tfg

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional) ▶ 629.21

Total This Period (last page this line number only) ▶ 629.21

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.