



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Shalondria C. Galimore

16 Filer ID (Ethics Commission Filers)

|                         |   |           |
|-------------------------|---|-----------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$        |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 825.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$        |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 820.06 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 4.94   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$        |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

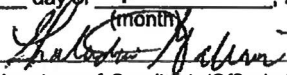
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Shalondria Galimore, and my date of birth is [REDACTED]  
My address is 401 Tom Landry Hwy #225263 Dallas Texas 75222 US

Executed in Dallas County, State of Texas, on the 9th day of April, 2025

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Shalondria Galimore  |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                       |  | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ 825.00                                     |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. SCHEDULE E: LOANS   |  | \$  |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ 820.06                                     |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$  |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         |  | \$  |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1: <b>3</b>                          |
| 2 FILER NAME<br><b>Shalondria Galimore</b>  |  | 3 Filer ID (Ethics Commission Filers)                        |
| 4 Date<br><b>1/18/25</b>  | 5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><b>Fred &amp; Gwen Crawford</b> | 7 Amount of contribution (\$)<br><b>\$100</b>                |
| 6 Contributor address; <small>City; State; Zip Code</small><br><b>P O Box 152471 Dallas Tx 75315</b>      |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retirees</b>                                  |  | 9 Employer (See Instructions)<br><b>Delta Airlines</b>       |
| Date<br><b>2/1/25</b>   | Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><b>Dr. Austin Allen</b>           | Amount of contribution (\$)<br><b>\$100</b>                  |
| Contributor address; <small>City; State; Zip Code</small><br><b>201 E Abram # 410 Arlington. Tx 76010</b> |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Architect</b>                                   |  | Employer (See Instructions)<br><b>Design Jones</b>           |
| Date<br><b>2/1/25</b>   | Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><b>Raven-Ariel Jackson</b>        | Amount of contribution (\$)<br><b>\$25</b>                   |
| Contributor address; <small>City; State; Zip Code</small><br><b>7916 Ivory Lane Dallas, Texas 75216</b>   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Claims Associate</b>                            |  | Employer (See Instructions)<br><b>State Farm</b>             |
| Date<br><b>2/1/25</b>   | Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><b>Nancy Stewart</b>              | Amount of contribution (\$)<br><b>\$140</b>                  |
| Contributor address; <small>City; State; Zip Code</small><br><b>P o Box 247 Rowlett Tx 75030</b>          |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Business Owner</b>                              |  | Employer (See Instructions)<br><b>Stewart's Millionaires</b> |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1: <b>3</b>                         |
| 2 FILER NAME<br><b>Shalondria Galimore</b>   |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>1/20/25</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Richard &amp; Christine Guldi</b> | 7 Amount of contribution (\$)<br><b>\$100</b>               |
| 6 Contributor address; City; State; Zip Code<br><b>7228 La Sobrina Dr. Dallas Tx. 75248</b>  |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retirees</b>   |  | 9 Employer (See Instructions)<br><b>Texas Instruments</b>   |
| Date<br><b>1/20/25</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Dr. Austin Allen</b>                | Amount of contribution (\$)<br><b>\$100</b>                 |
| Contributor address; City; State; Zip Code<br><b>201 E Abram # 410 Arlington Tx 76010</b>  |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Architect</b>  |  | Employer (See Instructions)<br><b>Design Jones</b>          |
| Date<br><b>2/1/25</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Dr. Diane Allen</b>                 | Amount of contribution (\$)<br><b>\$100</b>                 |
| Contributor address; City; State; Zip Code<br><b>201 E Abram #410 Arlington Tx 76010</b>   |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Architect</b>  |  | Employer (See Instructions)<br><b>Design Jones</b>          |
| Date<br><b>2/1/25</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Rewa Halton</b>                     | Amount of contribution (\$)<br><b>\$25</b>                  |
| Contributor address; City; State; Zip Code<br><b>7028 Nandina Dallas Texas 75241</b>   |  |   |
| Principal occupation / Job title (See Instructions)<br><b>PT</b>   |  | Employer (See Instructions)<br><b>Baylor Rehabilitation</b> |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.                       |  | 1 Total pages Schedule A1: <b>3</b>                                  |
| 2 FILER NAME<br><b>Shalondria Galimore</b>                                      |  | 3 Filer ID (Ethics Commission Filers)                                |
| 4 Date<br><b>2/1/25</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Clara McDade</b>              | 7 Amount of contribution (\$) <b>\$50</b>                            |
|   | 6 Contributor address; City; State; Zip Code<br><b>4127 Happy Canyon Dr. Dallas Tx 75241</b> |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>         |  | 9 Employer (See Instructions)<br><b>Professor</b>                    |
| Date<br><b>2/1/25</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Kyna DeSquare</b>               | Amount of contribution (\$) <b>\$50</b>                              |
|   | Contributor address; City; State; Zip Code<br><b>4804 Zealand Dallas Tx 75216</b>            |  |
| Principal occupation / Job title (See Instructions)<br><b>Customer Advocate</b> |  | Employer (See Instructions)<br><b>State of Texas</b>                 |
| Date<br><b>2/1/25</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>James Turknett</b>              | Amount of contribution (\$) <b>\$10</b>                              |
|   | Contributor address; City; State; Zip Code<br><b>P O Box 271634 Dallas Tx 75228</b>          |  |
| Principal occupation / Job title (See Instructions)<br><b>Consultant</b>        |  | Employer (See Instructions)<br><b>Self-Employed</b>                  |
| Date<br><b>2/1/25</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Rogeana Walker</b>              | Amount of contribution (\$) <b>\$25</b>                              |
|   | Contributor address; City; State; Zip Code<br><b>7028 Nandina Dallas Tx. 75241</b>           |  |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>           |  | Employer (See Instructions)<br><b>Baylor Rehabilitation Hospital</b> |

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**Shalondria Galimore**  
**Political Expenditures Made From Political Contributions**

**Schedule F1**

| <b>Date</b> | <b>Payee Name</b>     | <b>Amount</b> | <b>Purpose of Expenditure</b> |
|-------------|-----------------------|---------------|-------------------------------|
| 1/17/25     | Campaign Partner      | \$29.00       | (other) web fees              |
| 1/17/25     | GoDaddy               | \$36.82       | (other) web fees              |
| 1/29/25     | Dallas Public Library | \$30.00       | Event Expense                 |
| 1/29/25     | Bankem Printing       | \$81.19       | (other) campaign cards        |
| 1/31/25     | Office Max            | \$115.74      | Advertising Expense           |
| 1/31/25     | Party City            | \$47.55       | Event Expense                 |
| 1/31/25     | Five Below            | \$16.24       | Event Expense                 |
| 1/31/25     | Sam's Club            | \$185.52      | Event Expense                 |
| 1/31/25     | Aviva Dallas          | \$47.57       | Event Expense                 |
| 1/31/25     | Print Pro             | \$54.93       | Printing Expense              |
| 2/1/25      | Nevar's Productions   | \$150.00      | Event Expense                 |
| 2/8/25      | Infinity Copy         | \$25.50       | Printing Expense              |