

**CONTRIBUTIONS AND EXPENSES REPORT**

**State of Nevada**

**Irene Bustamante Adams** **Clark County School Trustee, District F**  
 Name Office (if applicable) District (if applicable)  
**7088 Moss Hill Avenue, LAS VEGAS, NV, 89113** **702-542-3900**  
 Mailing Address Telephone No.  
**ibustamanteadams@gmail.com**  
 E-Mail Address

Select Appropriate Box(es)  CANDIDATE  LEGAL DEFENSE FUND [What is this?](#)  AMENDED

[Annual Filing - Due January 15, 2026](#)  
 Period: Jan 01, 2025 - Dec 31, 2025

**FILED**  
 Jan 15 2026  
  
**FRANCISCO V. AGUILAR**  
**SECRETARY OF STATE**  
  
 FOR OFFICE USE ONLY

<b>CONTRIBUTIONS SUMMARY</b>	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	\$ 2,500.00	\$ 2,500.00
2. Total Monetary Contributions in the Form of Loans Guaranteed by a 3rd-Party in Excess of \$100	\$ 0.00	\$ 0.00
3. Total Monetary Contributions in the Form of Loans that were Forgiven in Excess of \$100	\$ 0.00	\$ 0.00
4. Total Amount of Written Commitments for Contributions in Excess of \$100	\$ 0.00	\$ 0.00
5. Total Value of In Kind Contributions in Excess of \$100	\$ 0.00	\$ 0.00
6. Total Value of Written Commitments for In Kind Contributions in Excess of \$100	\$ 0.00	\$ 0.00
7. Total Amount of all Contributions of \$100 or less	\$ 0.00	\$ 0.00
<b>8. Total Amount of All Contributions (Add Lines 1 through 7)</b>	<b>\$ 2,500.00</b>	<b>\$2,500.00</b>
<b>EXPENSES SUMMARY</b>		
9. Total Monetary Expenses Paid in Excess of \$100	\$ 621.62	\$621.62
10. Total Value In Kind Expenses in Excess of \$100	\$ 0.00	\$ 0.00
11. Total Amount of all Expenses of \$100 or less	\$ 250.07	\$250.07
<b>12. Total Amount of All Expenses (Add Lines 9 through 11)</b>	<b>\$ 871.69</b>	<b>\$871.69</b>
<b>ENDING FUND BALANCE</b>		
<b>13. Fund balance at the end of the reporting period</b>		<b>\$9607.42</b>

**AFFIRMATION**

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.  
 AND  
 I have agreed to the following terms and conditions:

I declare, under penalty of perjury or under an oath to God, that the information I submitted herein to the Secretary of State for the State of Nevada is true and correct, and is not submitted for any improper purpose, and that I am authorized to submit the information, and to the best of my knowledge complies with NRS Chapter 294A. I have reviewed the NRS 225.083 Notice. I understand it is unlawful to submit any illegal, unauthorized, fraudulent, forged, deceptive, defamatory, illicit, or improper information, as defined by state and federal law, to the Secretary of State, and agree to indemnify the Secretary of State, and any other parties entitled thereto, for any damages incurred for any unlawful, unauthorized, fraudulent, forged, deceptive, defamatory, illicit, or improper information, as defined by the federal and state law, submitted to the Secretary of State by my use of this electronic filing system. I further understand that I may be subject to criminal (NRS 239.330) and/or civil (NRS 225.084) penalties for submitting any unlawful unauthorized, fraudulent, forged, deceptive, defamatory, illicit, or improper information, as defined by federal and state law. I understand and agree that all information submitted is the property of the Secretary of State, and may be monitored for all lawful purposes. I further understand that during such monitoring, all information, including personal information placed on this system, may be examined, copied, and used for any authorized purpose. By submitting this report I intend to identify myself as the authorized person signing this document and with the present intent to authenticate my signature as such.

**Irene Bustamante Adams** **01/15/2026**  
 Signature Date

**MONETARY CONTRIBUTIONS**

Report Period

# An.

Irene Bustamante Adams  
Name (print)

Clark County School Trustee, District F  
Office (if applicable)

District (if applicable)

**MONETARY CONTRIBUTIONS IN EXCESS OF \$100 OR,  
WHEN ADDED TOGETHER FROM ONE CONTRIBUTOR, THAT EXCEED \$100**

(Transfer Total Amount of All Monetary Contributions to Lines 1, 2, or 3, As Applicable, of Contributions Summary)

<a href="#">NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO MADE CONTRIBUTION</a>	<a href="#">DATE OF CONTRIBUTION</a> ↑	<a href="#">AMOUNT OF CONTRIBUTION</a>	<a href="#">CHECK HERE IF LOAN</a>	<a href="#">NAME AND ADDRESS OF 3rd PARTY IF LOAN GUARANTEED BY 3rd PARTY</a>	<a href="#">NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR</a>
Olympia Companies LLC 11411 Southern Highlands Pkwy #300 Las Vegas, NV 89141	12/29/2025	\$2,500.00			

**WRITTEN COMMITMENTS**

Report Period

# An.

Irene Bustamante Adams  
Name (print)

Clark County School Trustee, District F  
Office (if applicable)

District (if applicable)

**WRITTEN COMMITMENTS FOR CONTRIBUTIONS IN EXCESS OF \$100 OR,  
WHEN ADDED TOGETHER FROM ONE ENTITY, THAT EXCEED \$100**

(Transfer Total Amount of All Written Commitments to Line 4 of Contributions Summary)

<a href="#">NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO MADE THE COMMITMENT</a>	<a href="#">DATE OF COMMITMENT</a> ↑	<a href="#">AMOUNT OF COMMITMENT</a>


**IN KIND CONTRIBUTIONS**

Report Period

# An.

**Irene Bustamante Adams**  
Name (print)

**Clark County School Trustee, District F**  
Office (if applicable)

District (if applicable)

**IN KIND CONTRIBUTIONS IN EXCESS OF \$100 OR,  
WHEN ADDED TOGETHER FROM ONE CONTRIBUTOR, THAT EXCEED \$100**

(Transfer Total Value of All In Kind Contributions to Line 5 of Contributions Summary)

<u>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO MADE IN KIND CONTRIBUTION</u>	<u>DATE OF IN KIND CONTRIBUTION</u> ↑	<u>DESCRIPTION OF IN KIND CONTRIBUTION</u>	<u>VALUE OR COST OF IN KIND CONTRIBUTION</u>	<u>CHECK HERE IF LOAN</u>	<u>NAME AND ADDRESS OF 3rd PARTY IF LOAN GUARANTEED BY 3rd PARTY</u>	<u>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR</u>


**WRITTEN COMMITMENTS FOR IN KIND CONTRIBUTIONS**

Report Period

# An.
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**Irene Bustamante Adams**  
Name (print)

**Clark County School Trustee, District F**  
Office (if applicable)

District (if applicable)

**WRITTEN COMMITMENTS FOR IN KIND CONTRIBUTIONS IN EXCESS OF \$100 OR, WHEN ADDED TOGETHER FROM ONE ENTITY, THAT EXCEED \$100**

(Transfer Total Value of All In Kind Written Commitments to Line 6 of Contributions Summary)

<u>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO MADE THE IN KIND WRITTEN COMMITMENT</u>	<u>DATE OF IN KIND WRITTEN COMMITMENT</u> 	<u>VALUE OF IN KIND WRITTEN COMMITMENT</u>


**EXPENSE CATEGORIES**

Report Period

# An.

**Irene Bustamante Adams**

**Clark County School Trustee, District F**

Name (print)

Office (if applicable)

District (if applicable)

**EXPENSE CATEGORIES (NRS 294A.365)**

<b>CATEGORIES</b>	<b>CODE</b>
Office expenses	<b>A</b>
Expenses related to volunteers	<b>B</b>
Expenses related to travel	<b>C</b>
Expenses related to advertising	<b>D</b>
Expenses related to paid staff	<b>E</b>
Expenses related to consultants	<b>F</b>
Expenses related to polling	<b>G</b>

Expenses related to special events	H
Expenses related to legal defense fund	I
Goods and services provided in kind for which money would otherwise have been paid	J
Contributions made to: (i) another candidate; (ii) a nonprofit corporation that is registered or required to be registered pursuant to NRS 294A.225; (iii) a PAC that is registered or required to be registered pursuant to NRS 294A.230; or (iv) a Recall Committee that is registered or required to be registered pursuant to NRS 294A.250	K
Fees for filing declarations of candidacy or acceptances of candidacy	L
Repayments or forgiveness of loans	M
Disposal of unspent contributions pursuant to NRS 294A.160	N
Other miscellaneous expenses	O

1 NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached hereto.

**MONETARY EXPENSES**

Report Period

# An.

**Irene Bustamante Adams**

**Clark County School Trustee, District F**


Name (print)

Office (if applicable)

District (if applicable)

**MONETARY EXPENSES IN EXCESS OF \$100**

(Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary)

<u>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE</u>	<u>CATEGORY (NRS 294A.365)</u>	<u>DATE OF EXPENSE</u> 	<u>AMOUNT OF EXPENSE</u>
<a href="#">Wix Com LTD</a> 100 Ganseroot Stret New York, NY 10014	A	05/19/2025	\$204.00
<a href="#">Sams Club</a> 7200 Arroyo Crossing Parkway Las Vegas, NV 89113	H	10/17/2025	\$78.15
<a href="#">Sams Club</a> 7100 Arroyo Crossing Parkway Las Vegas, NV 89113	H	10/20/2025	\$243.11
<a href="#">Walmart Super Center</a> 7200 Arroyo Crossing Parkwat Las Vegas, NV 89113	H	10/20/2025	\$174.51
<a href="#">Walmart Super Center</a> 4505 W Charleston Blvd Las Vegas, NV 89102	H	10/30/2025	\$79.61
<a href="#">Walmart Super Center</a> 4505 Charleston Las Vegas, NV 89102	H	11/10/2025	\$92.31



