

CONTRIBUTIONS AND EXPENSES REPORT **State of Nevada**

Irene Bustamante Adams	Clark County School Trustee, District F	
Name	Office (if applicable)	District (if applicable)
3800 Reflection Way, Las Vegas, NV, 89147		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

- [Report #1 - Due April 15, 2023](#)
Period: Jan 01, 2023 - Mar 31, 2023
- [Report #2 - Due July 15, 2023](#)
Period: Apr 01, 2023 - Jun 30, 2023
- [Report #3 - Due October 15, 2023](#)
Period: Jul 01, 2023 - Sep 30, 2023
- [Report #4 - Due January 15, 2024](#)
Period: Oct 01, 2023 - Dec 31, 2023
- Annual Filing - Due January 15, 2024**
Period: Jan 01, 2023 - Dec 31, 2023

FILED
Jan 24 2024

FRANCISCO V. AGUILAR
SECRETARY OF STATE

FOR OFFICE USE ONLY

* Report #4 suffices for the 2024 Annual CE Filing only if Report #'s 1, 2, 3, are previously filed this period.

CONTRIBUTIONS SUMMARY	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	\$ 0.00	\$ 800.00
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
8. Total Amount of All Contributions (Add Lines 1 through 7)	\$ 0.00	\$ 800.00
EXPENSES SUMMARY		
9. Total Monetary Expenses Paid in Excess of \$100	\$ 2,650.28	\$ 2,650.28
10. Total Value In Kind Expenses in Excess of \$100	\$ 0.00	\$ 0.00
11. Total Amount of all Expenses of \$100 or less	\$ 0.00	\$ 0.00
12. Total Amount of All Expenses (Add Lines 9 through 11)	\$ 2,650.28	\$ 2,650.28
ENDING FUND BALANCE		
13. Fund balance at the end of the reporting period		\$ 8171.11

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	01/24/2024
Signature	Date

EXPENSE CATEGORIES

Report Period

2

Irene Bustamante Adams**Clark County School Trustee, District F**

Name (print)

Office (if applicable)

District (if applicable)

EXPENSE CATEGORIES (NRS 294A.365)

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

2

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>
<u>Leaders in Training</u> 900 N Lamb Blvd Suite 130 Las Vegas, NV 89110	K	04/26/2023	\$1,482.90
<u>I luv cotton candy</u> Various Las Vegas, NV 89117	H	05/01/2023	\$975.38
<u>Wix.com</u> online payment Internet, NV 89701	A	05/19/2023	\$192.00

IN KIND EXPENSES

Report Period

2

Irene Bustamante Adams

Clark County School Trustee, District F

Name (print)

Office (if applicable)

District (if applicable)

IN KIND EXPENSES IN EXCESS OF \$100

(Transfer Total Value of All In-Kind Expenses to Line 10 of Expenses Summary)

<u>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD OR SERVICE</u>	<u>DESCRIPTION OF IN KIND EXPENSE</u>	<u>DATE OF IN KIND EXPENSE</u> ↑	<u>VALUE OR COST OF IN KIND EXPENSE</u>

EL201
Revised: 8-13-13
NRS 294A.120; 294A.125;
294A.160; 294A.200;
294A.362; 294A.373