

IN THE SUPREME COURT OF THE STATE OF NEVADA

BRADLEY JOHN BELLISARIO

Appellant,

v.

EMILY BELLISARIO,

Respondent.

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Elizabeth A. Brown
Clerk of Supreme Court

Supreme Court No.: 84128

District Court No.: D605263

**APPEAL FROM FINDINGS OF FACT, CONCLUSIONS OF LAW, AND
DECREE OF DIVORCE**

Eighth Judicial District Court of the State of Nevada

In and for the County of Clark

THE HONORABLE MARY PERRY

DISTRICT COURT JUDGE

APPELLANT APPENDIX – VOL. 15

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15	12/20/2021	Plaintiff's Exhibit 25	AA3681
15	12/20/2021	Plaintiff's Exhibit 26	AA3682-3720
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16	12/20/2021	Plaintiff's Exhibit 28	AA3800-3802
16	12/20/2021	Plaintiff's Exhibit 29	AA3803-3805
16	12/20/2021	Plaintiff's Exhibit 30	AA3806-3824
16	12/20/2021	Plaintiff's Exhibit 31	AA3825-3841
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16	12/20/2021	Plaintiff's Exhibit 58	AA3964-3966
16	12/20/2021	Plaintiff's Exhibit 59	AA3967-3971
16	12/20/2021	Plaintiff's Exhibit 60	AA3972-3982
16	12/20/2021	Plaintiff's Exhibit 61	AA3983-3984
16	12/20/2021	Plaintiff's Exhibit 62	AA3985
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17	12/20/2021	Plaintiff's Exhibit 106	AA4100-4102
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17	12/20/2021	Plaintiff's Exhibit 108	AA4124
17	12/20/2021	Plaintiff's Exhibit 109	AA4125-4177
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19	12/20/2021	Plaintiff's Exhibit 122	AA4606-4608
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2	12/01/2020	Affidavit of Sandra L. Pomrenze	AA0334-336
5	02/08/2021	Affidavit of Service	AA1044
8	03/03/2021	Affidavit of Service	AA1755
2	11/25/2020	Affidavit Regarding Grounds for Disqualification of Judge	AA0327-333
6	02/10/2021	Affidavit Regarding Grounds for Disqualification of Judge	AA1272-1351
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5	02/07/2021	Bradley Bellisario's Financial Disclosure Form	AA1034-1040
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7	03/02/2021	Order Shortening Time	AA1745-1747
3	01/11/2021	Peremptory Challenge	AA0582-583
14	12/20/2021	Plaintiff's Exhibit 1	AA3477-3480
15	12/20/2021	Plaintiff's Exhibit 10	AA3540-3546
17	12/20/2021	Plaintiff's Exhibit 100	AA4079-4080
17	12/20/2021	Plaintiff's Exhibit 101	AA4081-4082
17	12/20/2021	Plaintiff's Exhibit 102	AA4083-4087
17	12/20/2021	Plaintiff's Exhibit 103	AA4088-4097
17	12/20/2021	Plaintiff's Exhibit 105	AA4098-4099
17	12/20/2021	Plaintiff's Exhibit 106	AA4100-4102
17	12/20/2021	Plaintiff's Exhibit 107	AA4103-4123
17	12/20/2021	Plaintiff's Exhibit 108	AA4124
17	12/20/2021	Plaintiff's Exhibit 109	AA4125-4177
15	12/20/2021	Plaintiff's Exhibit 11	AA3547-3556
17	12/20/2021	Plaintiff's Exhibit 110	AA4178-4192
17	12/20/2021	Plaintiff's Exhibit 111	AA4194-4205
17-18	12/20/2021	Plaintiff's Exhibit 112	AA4206-4267
18	12/20/2021	Plaintiff's Exhibit 113	AA4268-4319
18	12/20/2021	Plaintiff's Exhibit 114	AA4320-4339
18	12/20/2021	Plaintiff's Exhibit 115	AA4340-4355

18	12/20/2021	Plaintiff's Exhibit 116	AA4356-4415
18	12/20/2021	Plaintiff's Exhibit 117	AA4416-4495
18-19	12/20/2021	Plaintiff's Exhibit 118	AA4496-4541
19	12/20/2021	Plaintiff's Exhibit 119	AA4542-4559
15	12/20/2021	Plaintiff's Exhibit 12	AA3557-3580
19	12/20/2021	Plaintiff's Exhibit 120	AA4560-4603
19	12/20/2021	Plaintiff's Exhibit 121	AA4604-4605
19	12/20/2021	Plaintiff's Exhibit 122	AA4606-4608
19	12/20/2021	Plaintiff's Exhibit 123	AA4609-4613
19	12/20/2021	Plaintiff's Exhibit 124	AA4614-4617
15	12/20/2021	Plaintiff's Exhibit 13	AA3580-3591
15	12/20/2021	Plaintiff's Exhibit 14	AA3592-3602
15	12/20/2021	Plaintiff's Exhibit 15	AA3603-3613
15	12/20/2021	Plaintiff's Exhibit 16	AA3614-3625
15	12/20/2021	Plaintiff's Exhibit 17	AA3626-3638
15	12/20/2021	Plaintiff's Exhibit 18	AA3639-3646
15	12/20/2021	Plaintiff's Exhibit 19	AA3647-3653
14	12/20/2021	Plaintiff's Exhibit 2	AA3481-3488
15	12/20/2021	Plaintiff's Exhibit 20	AA3654-3659

15	12/20/2021	Plaintiff's Exhibit 21	AA3660-3669
15	12/20/2021	Plaintiff's Exhibit 22	AA3670-3677
15	12/20/2021	Plaintiff's Exhibit 23	AA3678-3679
15	12/20/2021	Plaintiff's Exhibit 24	AA3680
15	12/20/2021	Plaintiff's Exhibit 25	AA3681
15	12/20/2021	Plaintiff's Exhibit 26	AA3682-3720
15-16	12/20/2021	Plaintiff's Exhibit 27	AA3721-3799
16	12/20/2021	Plaintiff's Exhibit 28	AA3800-3802
16	12/20/2021	Plaintiff's Exhibit 29	AA3803-3805
14	12/20/2021	Plaintiff's Exhibit 3	AA3489-3493
16	12/20/2021	Plaintiff's Exhibit 30	AA3806-3824
16	12/20/2021	Plaintiff's Exhibit 31	AA3825-3841
16	12/20/2021	Plaintiff's Exhibit 32	AA3842-3853
16	12/20/2021	Plaintiff's Exhibit 33 (video)	
16	12/20/2021	Plaintiff's Exhibit 34	AA3853-3859
16	12/20/2021	Plaintiff's Exhibit 35	AA3860-3862
16	12/20/2021	Plaintiff's Exhibit 36	AA3863-3864
16	12/20/2021	Plaintiff's Exhibit 37	AA3865-3866
16	12/20/2021	Plaintiff's Exhibit 38	AA3867-3869
16	12/20/2021	Plaintiff's Exhibit 39	AA3870-3873
14	12/20/2021	Plaintiff's Exhibit 4	AA3494-3497

16	12/20/2021	Plaintiff's Exhibit 40	AA3874-3935
16	12/20/2021	Plaintiff's Exhibit 41 (video)	
16	12/20/2021	Plaintiff's Exhibit 42	AA3937-3940
16	12/20/2021	Plaintiff's Exhibit 43 (video)	
16	12/20/2021	Plaintiff's Exhibit 44 (video)	
16	12/20/2021	Plaintiff's Exhibit 45A (video)	
16	12/20/2021	Plaintiff's Exhibit 45B (video)	
16	12/20/2021	Plaintiff's Exhibit 45C (video)	
14-15	12/20/2021	Plaintiff's Exhibit 5	AA3498-3508
16	12/20/2021	Plaintiff's Exhibit 53	AA3943-3945
16	12/20/2021	Plaintiff's Exhibit 54	AA3946
16	12/20/2021	Plaintiff's Exhibit 55	AA3947-3952
16	12/20/2021	Plaintiff's Exhibit 56	AA3953
16	12/20/2021	Plaintiff's Exhibit 57	AA3954-3963
16	12/20/2021	Plaintiff's Exhibit 58	AA3964-3966
16	12/20/2021	Plaintiff's Exhibit 59	AA3967-3971
15	12/20/2021	Plaintiff's Exhibit 6	AA3509-3515
16	12/20/2021	Plaintiff's Exhibit 60	AA3972-3982
16	12/20/2021	Plaintiff's Exhibit 61	AA3983-3984
16	12/20/2021	Plaintiff's Exhibit 62	AA3985
16	12/20/2021	Plaintiff's Exhibit 64	AA3986-3994
16	12/20/2021	Plaintiff's Exhibit 65	AA3995
16	12/20/2021	Plaintiff's Exhibit 66	AA3996-3997
16	12/20/2021	Plaintiff's Exhibit 67 (video)	
16	12/20/2021	Plaintiff's Exhibit 68 (video)	
16	12/20/2021	Plaintiff's Exhibit 69 (video)	

15	12/20/2021	Plaintiff's Exhibit 7	AA3516-3525
16-17	12/20/2021	Plaintiff's Exhibit 72	AA4000-4009
17	12/20/2021	Plaintiff's Exhibit 73	AA4010-4011
17	12/20/2021	Plaintiff's Exhibit 74	AA4012-4013
17	12/20/2021	Plaintiff's Exhibit 75	AA4014-4015
17	12/20/2021	Plaintiff's Exhibit 76	AA4016-4017
17	12/20/2021	Plaintiff's Exhibit 77	AA4018-4019
17	12/20/2021	Plaintiff's Exhibit 78	AA4020
17	12/20/2021	Plaintiff's Exhibit 79	AA4021
15	12/20/2021	Plaintiff's Exhibit 8	AA3526-3532
17	12/20/2021	Plaintiff's Exhibit 80	AA4022
17	12/20/2021	Plaintiff's Exhibit 82	AA4023-4026
17	12/20/2021	Plaintiff's Exhibit 83	AA4027-4030
17	12/20/2021	Plaintiff's Exhibit 84	AA4031-4035
17	12/20/2021	Plaintiff's Exhibit 89	AA4036-4064
15	12/20/2021	Plaintiff's Exhibit 9	AA3533-3539
17	12/20/2021	Plaintiff's Exhibit 91	AA4065-4068
17	12/20/2021	Plaintiff's Exhibit 92	AA4069
17	12/20/2021	Plaintiff's Exhibit 94	AA4070
17	12/20/2021	Plaintiff's Exhibit 97	AA4071
17	12/20/2021	Plaintiff's Exhibit 98	AA4072-4078
14	11/19/2021	Plaintiff's Initial List of Witnesses	AA3438-3445

20	12/21/2021	Plaintiff's Notice of Filing Exhibits Under Seal Exhibit "124"	AA4863-4865
9	03/30/2021	Plaintiff's Opposition to Defendant's Motion for a Protective Order; and Countermotion for Attorney's Fees and Costs and Related Relief	AA2121-2135
14	11/19/2021	Plaintiff's Pre-Trial Memorandum	AA3414-3437
14	12/20/2021	Plaintiff's Trial Exhibit List with Exhibits Offered/Admitted/Denied/Objections	AA3460-3476
2	04/29/2020	Reply to Counterclaim	AA0301-303
7	02/23/2021	Reply to Judge Mary Perry's Response to Defendant's Motion to Disqualify Judge	AA1662-1670
2	04/29/2020	Reply to Opposition	AA0268-283
8	03/04/2021	Reply to Opposition to Defendant's Motion to Disqualify Judge Pursuant to NCJC 2.11; Countermotion for Award of Attorney's Fees and Costs	AA1756-1797
10-11	04/29/2021	Reply to Plaintiff's Opposition to Defendant's Motion for Relief From Order After Hearing Regarding Hearing on January 25, 2021 and Motion for Leave to File Renewed Motion to Disqualify Judge Mary Perry; and Countermotion for Leave of Court to Refinance, to Deem Defendant Vexatious Litigant, Waive Donna's House Fees, and for an Award of Attorney's Fees and Costs	AA2479-2508
11	04/29/2021	Reply to Plaintiff's Opposition to Defendant's Motion to Reconsider Order Against Domestic Violence Entered April 6, 2021; and Countermotion for An Award of Attorney's Fees and Costs	AA2509-2516
13	05/17/2021	Reply to Plaintiff's Opposition to Defendant's Motion to Remove S.C.R.A.M. Device; And Opposition to Plaintiff's Motion to Drug Test Defendant, for an Award of Attorney's Fees and Costs, and Related Relief	AA3004-3013
7	02/16/2021	Response to Defendant's Motion to Disqualify Judge	AA1549-1554

5	02/05/2021	Schedule of Arrears for Child Support With Confirmation Pursuant to EDCR 5.508	AA1004-1013
5	02/05/2021	Schedule of Arrears for Temporary Support with Confirmation Pursuant to EDCR 5.508	AA1014-1021
2	06/10/2020	Stipulation and Order dated June 10, 2020	AA0304-307
12	05/10/2021	Supplemental [sic] to Opposition to Defendant's Motion for Relief from Order After Hearing Regarding the Hearing on January 25, 2021, and Motion for Leave to File a Renewed Motion to Disqualify Judge Perry and Countermotion for Leave of Court to Refinance, to Deem Defendant a Vexatious Litigant, Waive Donna's House Fees, and for an Award of Attorney's Fees and Costs	AA2779-2785
13	05/18/2021	Transcript from Hearing on May 18, 2021 re: All Pending Motions	AA3026-3069
19-20	12/20/2021	Transcript From Non-Jury Trial on December 20, 2021	AA4618-4862
14	09/16/2021	Transcript From September 16, 2021, Hearing re: Return Hearing	AA3354-3361
9-10	04/06/2021	Transcript re: April 6, 2021, Hearing on All Pending Motions	AA2175-2270
13	06/16/2021	Transcript re: Court Hearing on June 16, 2021, at 10:00 a.m. re: All Pending Motions	AA3159-3165
7	02/11/2021	Transcript re: Hearing on February 11, 2021, on All Pending Motions	AA1546-1548
4	01/25/2021	Transcript re: Hearing on January 25, 2021, Status Check	AA0859-863
14	07/07/2021	Transcript re: Hearing on July 7, 2021 re: All Pending Motions	AA3257-3265
9	03/17/2021	Transcript re: Hearing on Motion to Compel Discovery on March 17, 2021	AA2067-2081
10	04/07/2021	Transcript re: Hearing re: Status Check	AA2273-2284
8	03/04/2021	Transcript re: March 4, 2021, Court Hearing on All Pending Motions	AA1799-1816
12	05/11/2021	Transcripts from May 11, 2021, Hearing re: Return Hearing	AA2791-2807

CERTIFICATE OF SERVICE

I, an employee of McFarling Law Group, hereby certify that on the 8th day of April, 2022, I served a true and correct copy of this Appellant's Appendix Volume 15 as follows:

☒ via the Supreme Court's electronic filing and service system (eFlex):

Amanda Roberts, Esq.
efile@lvfamilylaw.com

/s/ Crystal Beville
Crystal Beville

1 THE COURT FURTHER ORDERS that Plaintiff shall be deemed the
2 primary legal custodian of the minor children, to wit: Brayden Bellisario (DOB:
3 01/15/2015); Blake Bellisario (DOB: 11/20/2016); and Brooklyn Bellisario (DOB:
4 2/1/2018). As the primary legal custodian, Plaintiff shall have the ability to make
5 all medical decisions for the minor children, including mental health treatment.
6
7 However, the Parties shall continue to share joint legal custody on issues other than
8 medical decisions and mental health treatment.
9

10 THE COURT FURTHER ORDERS the Defendant shall do a work search
11 which shall be applying to ten (10) jobs per week, at his skill level, until he obtains
12 employment. The Defendant shall submit a report every two (2) weeks,
13 commencing April 20, 2021.
14

15 THE COURT FURTHER ORDERS that the Defendant shall be responsible
16 for contacting SCRAM and ensuring the Court and Ms. Roberts receive a report up
17 to this point, i.e., April 6, 2021, and every two (2) weeks thereafter.
18

19 THE COURT FURTHER ORDERS that the Defendant shall have supervised
20 visitation with the minor child at Donna's House on Sundays from 9:00 a.m. to
21 11:00 a.m. The Plaintiff shall pay the cost for the Defendant's visitation at Donna's
22 House. For the visit on Sunday, April 11, 2021, the Defendant's parents are
23 permitted to attend.
24
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1 THE COURT FURTHER ORDERS that each Party shall submit to a
2 psychological evaluation. The Plaintiff shall pay for the Defendant's and the
3 Defendant shall pay for Plaintiff. The failure of either Party to pay for the other
4 Party's psychological evaluation shall not impede or impact the ability to move
5 forward with the psychological evaluation that has been paid. The first choice for
6 the psychological evaluation is Dr. Holland, and if she is not available then Dr.
7 Holland shall submit three (3) names in alphabetical Order and Defendant shall
8 have forty-eight (48) hours to select one of the providers and if he fails to do so
9 then the middle name shall be used.
10

11
12 THE COURT FURTHER ORDERS the purpose of using Dr. Holland is so
13 that if a custody evaluation becomes necessary, she already have a portion
14 completed through the psychological evaluation.
15

16
17 THE COURT FURTHER ORDERS that the Plaintiff's request for an Order
18 to Show Cause against Defendant is deferred to Trial. Prior to Trial, Plaintiff shall
19 submit an Order to Show Cause to Court.
20

21 THE COURT FURTHER ORDERS that the Plaintiff's request to reduce
22 child support and spousal support arrears to judgment is deferred to Trial.

23 THE COURT FURTHER ORDERS that Defendant's Motion to Strike
24 Hearsay and Misrepresentations filed February 9, 2021, is deferred to Trial.
25
26
27
28

1 THE COURT FURTHER ORDERS that Defendant's request to set aside or
2 relief from the Orders related to the hearings on July 30, 2020, October 22, 2020
3 and November 24, 2020 is denied.
4

5 THE COURT FURTHER ORDERS that the Defendant's request for an
6 Order to Show Cause against Ms. Roberts is denied, as she is not a Party to the
7 action.
8

9 THE COURT FURTHER ORDERS that the Defendant's request for an
10 Order to Show Cause against the Plaintiff is deferred to Trial. Prior to Trial,
11 Defendant shall submit an Order to Show Cause to Court.
12

13 THE COURT FURTHER ORDERS a return hearing is scheduled on the
14 psychological evaluation outcome on May 11, 2021, at 3:00 p.m. If the
15 psychological evaluation is not completed, the Parties shall work together to
16 continue the hearing.
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The Parties are put on notice of the following provision of *NRS* §125C.006, which states:

- (a) Attempt to obtain the written consent of the noncustodial parent to relocate with the child; and
- (b) If the noncustodial parent refuses to give that consent, petition the court for permission to relocate with the child.

(a) Without having reasonable grounds for such refusal, or
(b) For the purpose of harassing the custodial parent.

Page 7 of 10

1 Both Parties shall be bound by the provisions of *NRS* §125C.0045(6) which
2 states:

3
4 *PENALTY FOR VIOLATION OF ORDER: THE*
5 *ABDUCTION, CONCEALMENT OR DETENTION OF A*
6 *CHILD IN VIOLATION OF THIS ORDER IS PUNISHABLE*
7 *AS A CATEGORY D FELONY AS PROVIDED IN NRS §*
8 *193.130. NRS § 200.359 provides that every person having a*
9 *limited right of custody to a child or any parent having no right*
10 *of custody to the child who willfully detains, conceals or*
11 *removes the child from a parent, guardian or other person*
12 *having lawful custody or a right of visitation of the child in*
13 *violation of an order of this court, or removes the child from the*
14 *jurisdiction of the court without the consent of either the court*
15 *or all persons who have the right to custody or visitation is*
16 *subject to being punished for a category D felony as provided in*
17 *NRS §193.130.*

18
19 Pursuant to *NRS* §125C.0045(7), the terms of the Hague Convention of
20 October 25, 1980, adopted by the 14th Session of the Hague Conference on Private
21 International Law, apply if a parent abducts or wrongfully retains a child in a
22 foreign country.

23
24 The minor children's habitual residence is located in the United States of
25 America. *NRS* § 125C.0045 (7) and (8) specifically provide as follows:

26
27 Section 7. In addition to the language required pursuant to subsection
28 6, all orders authorized by this section must specify that the terms of the
Hague Convention of October 25, 1980, adopted by the 14th Session of the
Hague Conference on Private International Law, apply if a parent abducts or
wrongfully retains a child in a foreign country.

Section 8. If a parent of the child lives in a foreign country or has
significant commitments in a foreign country:

1
2 (a) The parties may agree, and the Court shall include in the
3 Order for custody of the child, that the United States is the
4 country of habitual residence of the child for the purposes of
5 applying the terms of the Hague Convention as set forth in
6 Subsection 7.

7 (b) Upon motion of the parties, the Court may order the
8 parent to post a bond if the Court determines that the parent
9 poses an imminent risk of wrongfully removing or
10 concealing the child outside the country of habitual
11 residence. The bond must be in an amount determined by the
12 Court and may be used only to pay for the cost of locating the
13 child and returning him to his habitual residence if the child
14 is wrongfully removed from or concealed outside the country
15 of habitual residence. The fact that a parent has significant
16 commitments in a foreign country does not create a
17 presumption that the parent poses an imminent risk of
18 wrongfully removing or concealing the child.

19 The Parties are further put on notice that they are subject to the provisions of
20 *NRS* §31A and *NRS* § 125.450 regarding the collection of delinquent child support
21 payments.

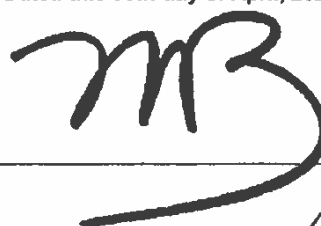
22 The Parties are further put on notice that either Party may request a review of
23 child support pursuant to *NRS* §125B.145.

24 The Parties shall submit the information required in *NRS* §125B.055, *NRS*
25 §125.130 and *NRS* §125.230 on a separate form to the Court and the Welfare
26 Division of the Department of Human Resources within ten (10) days from the date
27 the Decree in this matter is filed. Such information shall be maintained by the

1 Clerk in a confidential manner and not part of the public record. The Parties shall
2 update the information filed with the Court and the Welfare Division of the
3
4 Department of Human Resources within ten (10) days should any of that
5 information become inaccurate.

6 IT IS SO ORDERED.

Dated this 30th day of April, 2021



10 Submitted this 22nd day of
11 April, 2021.

Approved as to Content and Form:
689 23D B9E8 8DF8
Mary Perry
District Court Judge

12 **ROBERTS STOFFEL FAMILY**
13 **LAW GROUP**

14
15 By: Amanda M. Roberts
16 Amanda M. Roberts, Esq.
17 State of Nevada Bar No. 9294
18 4411 South Pecos Road
19 Las Vegas, Nevada 89121
20 PH: (702) 474-7007
21 FAX: (702) 474-7477
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23 Attorneys for Plaintiff

By: _____
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Las Vegas, Nevada 89149
PH: (702) 936-4800
FAX: (702) 936-4801
EMAIL: bradb@bellisariolaw.com
Defendant, in proper person

1 CSERV

2 DISTRICT COURT
3 CLARK COUNTY, NEVADA
4

5
6 Emily Bellisario, Plaintiff

CASE NO: D-20-605263-D

7 vs.

DEPT. NO. Department P

8 Bradley John Bellisario,
9 Defendant.

10
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District
13 Court. The foregoing Order was served via the court's electronic eFile system to all
recipients registered for e-Service on the above entitled case as listed below:

14 Service Date: 4/30/2021

15 Amanda Roberts

efile@lvfamilylaw.com

16 Bradley Bellisario

bradb@bellisariolaw.com

17 Bradley Bellisario

bradb@bellisariolaw.com

18 Linda Bell

dept07lc@clarkcountycourts.us

Amanda M. Roberts
CLERK OF THE COURT

ORDR

Amanda M. Roberts, Esq.

State Bar of Nevada No. 9294

ROBERTS STOFFEL FAMILY LAW GROUP

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EMAIL: efile@lvfamilylaw.com

Attorneys for Plaintiff, Emily Bellisario

DISTRICT COURT

CLARK COUNTY, NEVADA

EMILY BELLISARIO,

) Case No: D-20-605263-D

) Dept No: P

Plaintiff,

v.

ORDER AFTER HEARING

BRADLEY BELLISARIO,

Defendant.

) Date of Hearing: May 11, 2021

) Time of Hearing: 3:00 p.m.

THIS MATTER having come before the Court on the 11th day of May,

2021, for a Status Check regarding supervised visitation. The Plaintiff, Emily

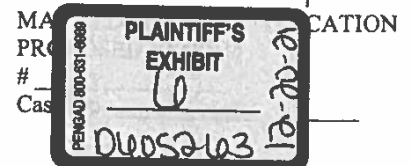
Bellisario, being present and represented, by and through her attorney of record,

Amanda M. Roberts, Esq., of Roberts Stoffel Family Law Group, and the

Defendant, Bradley Bellisario, being present in proper person.

///

///



1 NOW THEREFORE,

2 THE COURT HEREBY ORDERS that Defendant's visitation with the minor
3 children shall be at Family First on Thursdays from 5:00 p.m. to 7:00 p.m. The
4 Court issued a separate Order which shall include that Defendant pay all the fees
5 for supervised visitation.
6

7 THE COURT FURTHER ORDERS that the Plaintiff shall provide the
8 Defendant with the name of the minor children's therapist(s). The Defendant shall
9 be permitted to obtain records; however, he shall not interfere in the therapeutic
10 process.
11

12 THE COURT FURTHER ORDERS that Ms. Roberts shall prepare the Order
13 and submit it directly to the Court.
14

15 Statutory Notices:

16 The following statutory notices relating to the custody of minor children are
17 applicable to the Parties:
18

19 The Parties are put on notice of the following provision of NRS §125C.006,
20 which states:
21

22 1. If primary physical custody has been established
23 pursuant to an order, judgment or decree of a court and the
24 custodial parent intends to relocate his or her residence to a
25 place outside of this State or to a place within this State that
26 is at such a distance that would substantially impair the
27 ability of the other parent to maintain a meaningful
28 relationship with the child, and the custodial parent desires

1 to take the child with him or her, the custodial parent shall,
2 before relocating:

3 (a) Attempt to obtain the written consent of the
4 noncustodial parent to relocate with the child; and

5 (b) If the noncustodial parent refuses to give that
6 consent, petition the court for permission to relocate
7 with the child.

8 2. The court may award reasonable attorney's fees and costs
9 to the custodial parent if the court finds that the
10 noncustodial parent refused to consent to the custodial
11 parent's relocation with the child:

12 (a) Without having reasonable grounds for such refusal, or

13 (b) For the purpose of harassing the custodial parent.

14 3. A parent who relocates with a child pursuant to this
15 section without the written consent of the noncustodial
16 parent or the permission of the court is subject to the
17 provisions of NRS 200.359.

18 Both Parties shall be bound by the provisions of NRS §125C.0045(6) which

19 states:

20 PENALTY FOR VIOLATION OF ORDER: THE
21 ABDUCTION, CONCEALMENT OR DETENTION OF A
22 CHILD IN VIOLATION OF THIS ORDER IS PUNISHABLE
23 AS A CATEGORY D FELONY AS PROVIDED IN NRS §
24 193.130. NRS § 200.359 provides that every person having a
25 limited right of custody to a child or any parent having no right
26 of custody to the child who willfully detains, conceals or
27 removes the child from a parent, guardian or other person
28 having lawful custody or a right of visitation of the child in
violation of an order of this court, or removes the child from the
jurisdiction of the court without the consent of either the court
or all persons who have the right to custody or visitation is
subject to being punished for a category D felony as provided in
NRS §193.130.

1 Pursuant to *NRS* §125C.0045(7), the terms of the Hague Convention of
2
3 October 25, 1980, adopted by the 14th Session of the Hague Conference on Private
4 International Law, apply if a parent abducts or wrongfully retains a child in a
5 foreign country.
6

7 The minor children's habitual residence is located in the United States of
8 America. *NRS* § 125C.0045 (7) and (8) specifically provide as follows:
9

10 Section 7. In addition to the language required pursuant to subsection
11 6, all orders authorized by this section must specify that the terms of the
12 Hague Convention of October 25, 1980, adopted by the 14th Session of the
13 Hague Conference on Private International Law, apply if a parent abducts or
wrongfully retains a child in a foreign country.

14 Section 8. If a parent of the child lives in a foreign country or has
15 significant commitments in a foreign country:

16 (a) The parties may agree, and the Court shall include in the
17 Order for custody of the child, that the United States is the
18 country of habitual residence of the child for the purposes of
19 applying the terms of the Hague Convention as set forth in
20 Subsection 7.

21 (b) Upon motion of the parties, the Court may order the
22 parent to post a bond if the Court determines that the parent
23 poses an imminent risk of wrongfully removing or
24 concealing the child outside the country of habitual
25 residence. The bond must be in an amount determined by the
26 Court and may be used only to pay for the cost of locating the
27 child and returning him to his habitual residence if the child
28 is wrongfully removed from or concealed outside the country

of habitual residence. The fact that a parent has significant commitments in a foreign country does not create a presumption that the parent poses an imminent risk of wrongfully removing or concealing the child.

The Parties are further put on notice that they are subject to the provisions of *NRS* §31A and *NRS* § 125.450 regarding the collection of delinquent child support payments.

The Parties are further put on notice that either Party may request a review of child support pursuant to *NRS* §125B.145.

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1 The Parties shall submit the information required in *NRS* §125B.055, *NRS*
2 §125.130 and *NRS* §125.230 on a separate form to the Court and the Welfare
3 Division of the Department of Human Resources within ten (10) days from the date
4 the Decree in this matter is filed. Such information shall be maintained by the
5 Clerk in a confidential manner and not part of the public record. The Parties shall
6 update the information filed with the Court and the Welfare Division of the
7 Department of Human Resources within ten (10) days should any of that
8 information become inaccurate.
9
10

11 IT IS SO ORDERED.

Dated this 11th day of May, 2021



12
13
14
15 Submitted this 11th day of
16 May, 2021.

208 33B 9166 3070
Mary Perry
District Court Judge

17 **ROBERTS STOFFEL FAMILY**
18 **LAW GROUP**

19
20 By: Amanda M. Roberts
21 Amanda M. Roberts, Esq.
22 State of Nevada Bar No. 9294
23 4411 South Pecos Road
24 Las Vegas, Nevada 89121
25 PH: (702) 474-7007
26 FAX: (702) 474-7477
27 EMAIL: efile@lvfamilylaw.com
28 Attorneys for Plaintiff

1 CSERV

2 DISTRICT COURT
3 CLARK COUNTY, NEVADA
4

5
6 Emily Bellisario, Plaintiff

CASE NO: D-20-605263-D

7 vs.

DEPT. NO. Department P

8 Bradley John Bellisario,
9 Defendant.

10
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District
13 Court. The foregoing Order was served via the court's electronic eFile system to all
recipients registered for e-Service on the above entitled case as listed below:

14 Service Date: 5/11/2021

15 Amanda Roberts

efile@lvfamilylaw.com

16 Bradley Bellisario

bradb@bellisariolaw.com

17 Bradley Bellisario

bradb@bellisariolaw.com

18 Linda Bell

dept07lc@clarkcountycourts.us

Amanda M. Roberts
CLERK OF THE COURT

ORDER

Amanda M. Roberts, Esq.
State Bar of Nevada No. 9294
ROBERTS STOFFEL FAMILY LAW GROUP
4411 S. Pecos Road
Las Vegas, Nevada 89121
PH: (702) 474-7007
FAX: (702) 474-7477
EMAIL: efile@lvfamilylaw.com
Attorneys for Plaintiff, Emily Bellisario

**DISTRICT COURT
CLARK COUNTY, NEVADA**

EMILY BELLISARIO,	) Case No: D-20-605263-D
	) Dept No: P
Plaintiff,)
v.)
	) ORDER AFTER HEARING
BRADLEY BELLISARIO,)
)
Defendant.	) Date of Hearing: May 18, 2021
	) Time of Hearing: 11:00 a.m.
)

THIS MATTER having come before the Court on the 18th day of May, 2021,
for multiple Motion, Opposition, and Reply hearings. The Plaintiff, Emily
Bellisario, being present and represented, by and through her attorney of record,
Amanda M. Roberts, Esq., of Roberts Stoffel Family Law Group, and the
Defendant, Bradley Bellisario, being present in proper person. The Parties and
Counsel having appeared via Blue Jeans application due to the Administrative



1 Orders. The Court having heard the arguments and reviewed the pleadings on file
2 herein hereby finds and Orders as follows:

3 NOW THEREFORE,
4

5 THE COURT HEREBY ORDERS that Defendant's request to reconsider the
6 Order After Hearing from January 25, 2021, is denied.

7 THE COURT FURTHER ORDERS that Defendant's request to reconsider
8 the Protection Order from April 6, 2021, is denied.
9

10 THE COURT FURTHER ORDERS that Defendant's request to renew his
11 Motion to Disqualify Judge Perry is denied.
12

13 THE COURT FURTHER ORDERS that Defendant's request to remove
14 SCRAM is granted.

15 THE COURT FURTHER ORDERS that Defendant shall produce an updated
16 SCRAM report through May 18, 2021, by Friday, May 21, 2021, at noon.
17

18 THE COURT FURTHER ORDERS that Defendant shall provide his work
19 search as previously Order and those shall be filed and served by Friday, May 21,
20 2021, at noon.
21

22 THE COURT FURTHER ORDERS that Plaintiff's request for Defendant to
23 be drug tested is denied.

24 THE COURT FURTHER ORDERS that Plaintiff's request for Defendant to
25 be deemed a vexatious litigant is denied., at the present time.
26

1 THE COURT FURTHER ORDERS that Plaintiff's request to lift the
2 Defendant's Lis Pendens on the real property at 1913 Sondrio Drive, Las Vegas,
3 Nevada 89134 ("real property") is granted.
4

5 THE COURT FURTHER ORDERS that Bradley shall not file another Lis
6 Pendens on the real property at 1913 Sondrio Drive, Las Vegas, Nevada 89134.
7

8 THE COURT FURTHER ORDERS that any issues regarding Bradley's
9 alleged interest in the real property is a Trial issue and is not eliminated by allowing
10 Emily to refinance the real property at 1913 Sondrio Drive, Las Vegas, Nevada
11 89134.
12

13 THE COURT FURTHER ORDERS that the Plaintiff shall be permitted to
14 refinance the real property at 1913 Sondrio Drive, Las Vegas, Nevada 89134 is
15 granted; however, Plaintiff shall not remove all of the equity in the real property.
16

17 THE COURT FURTHER ORDERS that the Defendant shall have until
18 Friday, May 21, 2021, at noon to file and serve upon the Plaintiff's Counsel the
19 name of three (3) qualified providers from the Outsource Provider List to conduct
20 the psychological evaluation of the Parties. If the Defendant fails to provide the
21 names by Friday, May 21, 2021, at noon, then the psychological evaluations shall
22 be completed by Dr. Holland; however, if the Defendant does provide the names by
23 Friday, May 21, 2021, at noon, then the Plaintiff shall have until Monday, May 24,
24 2021, at noon to select one of the names from the list.
25
26

1 THE COURT FURTHER ORDERS that if a new psychological evaluation
2 provider is selected, Defendant shall reimburse anything already expended by Dr.
3 Holland from Plaintiff's fees. Moreover, the cost for the new psychological
4 evaluation provider shall not exceed \$4,000.00 per evaluation.
5

6 THE COURT FURTHER ORDERS that the Court shall not entertain
7 requests to modify the Defendant's visitation with the minor children until he
8 completes the psychological evaluation.
9

10 THE COURT FURTHER ORDERS that a return hearing is scheduled on the
11 psychological evaluation on September 16, 2021, at 9:00 a.m. However, if the
12 evaluation is completed more quickly, either Party may request a hearing sooner in
13 time.
14

15 THE COURT FURTHER ORDERS that Daniel Marks, Esq., is selected as
16 the receiver for Defendant's business, to wit: Bellisario Law, P.C.
17

18 THE COURT FURTHER ORDERS that Beau D. Johnson, CPA, CVA, is
19 selected as the accountant to conduct an audit for Defendant's IOLTA account, to
20 wit: Bellisario Law, P.C.
21

22 THE COURT FURTHER ORDERS that the Plaintiff's request to reduce
23 child support arrears to judgment through January 31, 2021, is granted and
24 collectable by any and all legal means upon the filing of an updated Schedule of
25 Arrears.
26

1 THE COURT FURTHER ORDERS that the Plaintiff's request to reduce
2 temporary spousal support arrears to judgment through January 31, 2021, is granted
3 and collectable by any and all legal means upon the filing of an updated Schedule
4 of Arrears.
5

6 THE COURT FURTHER ORDERS that Plaintiff's request for attorney fees
7 and costs is deferred.
8

9 Statutory Notices:

10 The following statutory notices relating to the custody of minor children are
11 applicable to the Parties:
12

13 The Parties are put on notice of the following provision of NRS §125C.006,
14 which states:

15 1. If primary physical custody has been established
16 pursuant to an order, judgment or decree of a court and the
17 custodial parent intends to relocate his or her residence to a
18 place outside of this State or to a place within this State that
19 is at such a distance that would substantially impair the
20 ability of the other parent to maintain a meaningful
21 relationship with the child, and the custodial parent desires
22 to take the child with him or her, the custodial parent shall,
23 before relocating:

- 24 (a) Attempt to obtain the written consent of the
25 noncustodial parent to relocate with the child; and
26 (b) If the noncustodial parent refuses to give that
27 consent, petition the court for permission to relocate
28 with the child.

2. The court may award reasonable attorney's fees and costs
to the custodial parent if the court finds that the

1 noncustodial parent refused to consent to the custodial
2 parent's relocation with the child:

- 3 (a) Without having reasonable grounds for such refusal, or
4 (b) For the purpose of harassing the custodial parent.

5 3. A parent who relocates with a child pursuant to this
6 section without the written consent of the noncustodial
7 parent or the permission of the court is subject to the
8 provisions of NRS 200.359.

9 Both Parties shall be bound by the provisions of NRS §125C.0045(6) which
10 states:

11 PENALTY FOR VIOLATION OF ORDER: THE
12 ABDUCTION, CONCEALMENT OR DETENTION OF A
13 CHILD IN VIOLATION OF THIS ORDER IS PUNISHABLE
14 AS A CATEGORY D FELONY AS PROVIDED IN NRS §
15 193.130. NRS § 200.359 provides that every person having a
16 limited right of custody to a child or any parent having no right
17 of custody to the child who willfully detains, conceals or
18 removes the child from a parent, guardian or other person
19 having lawful custody or a right of visitation of the child in
20 violation of an order of this court, or removes the child from the
21 jurisdiction of the court without the consent of either the court
22 or all persons who have the right to custody or visitation is
23 subject to being punished for a category D felony as provided in
24 NRS §193.130.

25 Pursuant to NRS §125C.0045(7), the terms of the Hague Convention of
26 October 25, 1980, adopted by the 14th Session of the Hague Conference on Private
27 International Law, apply if a parent abducts or wrongfully retains a child in a
28 foreign country.

\\

1 The minor children's habitual residence is located in the United States of
2 America. *NRS* § 125C.0045 (7) and (8) specifically provide as follows:

3
4 Section 7. In addition to the language required pursuant to subsection
5 6, all orders authorized by this section must specify that the terms of the
6 Hague Convention of October 25, 1980, adopted by the 14th Session of the
7 Hague Conference on Private International Law, apply if a parent abducts or
wrongfully retains a child in a foreign country.

8 Section 8. If a parent of the child lives in a foreign country or has
9 significant commitments in a foreign country:

10 (a) The parties may agree, and the Court shall include in the
11 Order for custody of the child, that the United States is the
12 country of habitual residence of the child for the purposes of
13 applying the terms of the Hague Convention as set forth in
14 Subsection 7.

15 (b) Upon motion of the parties, the Court may order the
16 parent to post a bond if the Court determines that the parent
17 poses an imminent risk of wrongfully removing or
18 concealing the child outside the country of habitual
19 residence. The bond must be in an amount determined by the
20 Court and may be used only to pay for the cost of locating the
21 child and returning him to his habitual residence if the child
22 is wrongfully removed from or concealed outside the country
23 of habitual residence. The fact that a parent has significant
24 commitments in a foreign country does not create a
25 presumption that the parent poses an imminent risk of
26 wrongfully removing or concealing the child.
27
28

1 The Parties are further put on notice that they are subject to the provisions of
2 *NRS* §31A and *NRS* § 125.450 regarding the collection of delinquent child support
3 payments.
4

5 The Parties are further put on notice that either Party may request a review of
6 child support pursuant to *NRS* §125B.145.
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28

1 The Parties shall submit the information required in *NRS* §125B.055, *NRS*
2 §125.130 and *NRS* §125.230 on a separate form to the Court and the Welfare
3 Division of the Department of Human Resources within ten (10) days from the date
4 the Decree in this matter is filed. Such information shall be maintained by the
5 Clerk in a confidential manner and not part of the public record. The Parties shall
6 update the information filed with the Court and the Welfare Division of the
7 Department of Human Resources within ten (10) days should any of that
8 information become inaccurate.

Dated this 26th day of June, 2021

11 IT IS SO ORDERED.

14 Submitted this 25th day of
15 June, 2021.

17 **ROBERTS STOFFEL FAMILY**
18 **LAW GROUP**

19 By: Amanda M. Roberts
20 Amanda M. Roberts, Esq.
21 State of Nevada Bar No. 9294
22 4411 South Pecos Road
23 Las Vegas, Nevada 89121
24 PH: (702) 474-7007
FAX: (702) 474-7477
EMAIL: efile@lvfamilylaw.com

Approved as to Content and Form:

30A 9B5 1CA2 8CA8
Mary Perry
District Court Judge

By: Bradley Bellisario
Bradley Bellisario
7100 Grand Montecito Pkwy., #2054
Las Vegas, Nevada 89149
PH: (702) 936-4800
FAX: (702) 936-4801
EMAIL: bradb@bellisariolaw.com

1 CSERV

2 DISTRICT COURT
3 CLARK COUNTY, NEVADA

4
5
6 Emily Bellisario, Plaintiff

CASE NO: D-20-605263-D

7 vs.

DEPT. NO. Department P

8 Bradley John Bellisario,
9 Defendant.

10
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District
13 Court. The foregoing Order was served via the court's electronic eFile system to all
recipients registered for e-Service on the above entitled case as listed below:

14 Service Date: 6/26/2021

15 Amanda Roberts

efile@lvfamilylaw.com

16 Bradley Bellisario

bradb@bellisariolaw.com

17 Bradley Bellisario

bradb@bellisariolaw.com

18 Linda Bell

dept07lc@clarkcountycourts.us

Amanda M. Roberts
CLERK OF THE COURT

1 **ORDR**

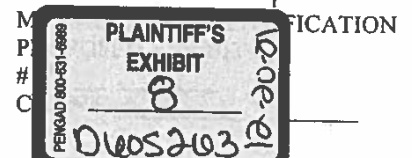
2 Amanda M. Roberts, Esq.
3 State Bar of Nevada No. 9294
4 **ROBERTS STOFFEL FAMILY LAW GROUP**
5 4411 S. Pecos Road
6 Las Vegas, Nevada 89121
7 PH: (702) 474-7007
8 FAX: (702) 474-7477
9 EMAIL: efile@lvfamilylaw.com
10 Attorneys for Plaintiff, Emily Bellisario

11 **DISTRICT COURT**
12 **CLARK COUNTY, NEVADA**

13 EMILY BELLISARIO,) Case No: D-20-605263-D
14) Dept No: P
15 Plaintiff,)
16 v.)
17) **ORDER AFTER HEARING**
18 BRADLEY BELLISARIO,)
19)
20 Defendant.) Date of Hearing: June 16, 2021
21) Time of Hearing: 10:00 a.m.
22)
23)
24)
25)
26)
27)
28)

18 THIS MATTER having come before the Court on the 16th day of June,
19 2021, on Defendant's Motion for an Order to Show Cause and the Plaintiff's
20 Opposition and Countermotion for an award of attorney fees and costs. The
21 Plaintiff, Emily Bellisario, being present and represented, by and through her
22 attorney of record, Amanda M. Roberts, Esq., of Roberts Stoffel Family Law
23 Group, and the Defendant, Bradley Bellisario, being present in proper person.
24
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///



1 THE COURT HEREBY FINDS there is no finding of contempt.

2 NOW THEREFORE,

3 THE COURT HEREBY ORDERS that the Defendant's request for the
4
5 issuance of an Order to Show Cause is denied.

6 THE COURT FURTHER ORDERS that the receiver and accountant shall
7
8 get copies of all records received regarding the Defendant's IOLTA trust account,
9 the Court wants the Plaintiff's Counsel to limit her review of those records in this
10 matter and the record shall not be released to the Plaintiff.

11 THE COURT FURTHER ORDERS that any outstanding Orders shall be
12
13 prepared and submitted forthwith.

14 THE COURT FURTHER ORDERS that the Plaintiff's request for an award
15 of attorney fees and costs is granted. The Plaintiff shall file a Memorandum of Fees
16 from the date of Notice of Entry
17 and Costs within ten (10) days (~~i.e., June 26, 2021~~) and the Defendant shall have
18 the statutory time to object. Thereafter, the Court shall issue an Order on the
19 amount of attorney fees being sought.

20 THE COURT FURTHER ORDERS that Ms. Roberts shall prepare the
21
22 Order.

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The Parties are put on notice of the following provision of *NRS* §125C.006, which states:

- (a) Attempt to obtain the written consent of the noncustodial parent to relocate with the child; and
(b) If the noncustodial parent refuses to give that consent, petition the court for permission to relocate with the child.

- (a) Without having reasonable grounds for such refusal, or
(b) For the purpose of harassing the custodial parent.

- Page 3 of 6

1 Both Parties shall be bound by the provisions of *NRS* §125C.0045(6) which
2 states:

3
4 *PENALTY FOR VIOLATION OF ORDER: THE*
5 *ABDUCTION, CONCEALMENT OR DETENTION OF A*
6 *CHILD IN VIOLATION OF THIS ORDER IS PUNISHABLE*
7 *AS A CATEGORY D FELONY AS PROVIDED IN NRS §*
8 *193.130. NRS § 200.359 provides that every person having a*
9 *limited right of custody to a child or any parent having no right*
10 *of custody to the child who willfully detains, conceals or*
11 *removes the child from a parent, guardian or other person*
12 *having lawful custody or a right of visitation of the child in*
13 *violation of an order of this court, or removes the child from the*
14 *jurisdiction of the court without the consent of either the court*
15 *or all persons who have the right to custody or visitation is*
16 *subject to being punished for a category D felony as provided in*
17 *NRS §193.130.*

18 Pursuant to *NRS* §125C.0045(7), the terms of the Hague Convention of
19 October 25, 1980, adopted by the 14th Session of the Hague Conference on Private
20 International Law, apply if a parent abducts or wrongfully retains a child in a
21 foreign country.

22 The minor children's habitual residence is located in the United States of
23 America. *NRS* § 125C.0045 (7) and (8) specifically provide as follows:

24 Section 7. In addition to the language required pursuant to subsection
25 6, all orders authorized by this section must specify that the terms of the
26 Hague Convention of October 25, 1980, adopted by the 14th Session of the
27 Hague Conference on Private International Law, apply if a parent abducts or
28 wrongfully retains a child in a foreign country.

Section 8. If a parent of the child lives in a foreign country or has
significant commitments in a foreign country:

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(a) The parties may agree, and the Court shall include in the Order for custody of the child, that the United States is the country of habitual residence of the child for the purposes of applying the terms of the Hague Convention as set forth in Subsection 7.

(b) Upon motion of the parties, the Court may order the parent to post a bond if the Court determines that the parent poses an imminent risk of wrongfully removing or concealing the child outside the country of habitual residence. The bond must be in an amount determined by the Court and may be used only to pay for the cost of locating the child and returning him to his habitual residence if the child is wrongfully removed from or concealed outside the country of habitual residence. The fact that a parent has significant commitments in a foreign country does not create a presumption that the parent poses an imminent risk of wrongfully removing or concealing the child.

The Parties are further put on notice that they are subject to the provisions of NRS §31A and NRS § 125.450 regarding the collection of delinquent child support payments.

The Parties are further put on notice that either Party may request a review of child support pursuant to NRS §125B.145.

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///
///

1 The Parties shall submit the information required in *NRS* §125B.055, *NRS*
2 §125.130 and *NRS* §125.230 on a separate form to the Court and the Welfare
3 Division of the Department of Human Resources within ten (10) days from the date
4 the Decree in this matter is filed. Such information shall be maintained by the
5 Clerk in a confidential manner and not part of the public record. The Parties shall
6 update the information filed with the Court and the Welfare Division of the
7 Department of Human Resources within ten (10) days should any of that
8 information become inaccurate.

11 IT IS SO ORDERED.

Dated this 26th day of June, 2021



Approved as to Content and Form:

538 D2E B9D8 5856
Mary Perry
District Court Judge

15 Submitted this 25th day of
16 June, 2021.

17 **ROBERTS STOFFEL FAMILY**
18 **LAW GROUP**

19 By: 

20 Amanda M. Roberts, Esq.
21 State of Nevada Bar No. 9294
22 4411 South Pecos Road
23 Las Vegas, Nevada 89121
24 PH: (702) 474-7007
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EMAIL: efile@lvfamilylaw.com

By: 
Bradley Bellisario
7100 Grand Montecito Pkwy., #2054
Las Vegas, Nevada 89149
PH: (702) 936-4800
FAX: (702) 936-4801
EMAIL: bradb@bellisariolaw.com

1 CSERV

2 DISTRICT COURT
3 CLARK COUNTY, NEVADA
4

5
6 Emily Bellisario, Plaintiff

CASE NO: D-20-605263-D

7 vs.

DEPT. NO. Department P

8 Bradley John Bellisario,
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15 Amanda Roberts

efile@lvfamilylaw.com

16 Bradley Bellisario

bradb@bellisariolaw.com

17 Bradley Bellisario

bradb@bellisariolaw.com

18 Linda Bell

dept07lc@clarkcountycourts.us

Amanda M. Roberts
CLERK OF THE COURT

1 **ORDR**

2 Amanda M. Roberts, Esq.
3 State Bar of Nevada No. 9294
4 **ROBERTS STOFFEL FAMILY LAW GROUP**
5 4411 S. Pecos Road
6 Las Vegas, Nevada 89121
7 PH: (702) 474-7007
8 FAX: (702) 474-7477
9 EMAIL: efile@lvfamilylaw.com
10 Attorneys for Plaintiff, Emily Bellisario

11 **DISTRICT COURT**
12 **CLARK COUNTY, NEVADA**

13 EMILY BELLISARIO,	) Case No: D-20-605263-D
14	) Dept No: P
15 Plaintiff,)
16 v.)
17	) ORDER AFTER HEARING
18 BRADLEY BELLISARIO,)
19)
20 Defendant.	) Date of Hearing: July 7, 2021
21	) Time of Hearing: 10:00 a.m.
22)

23 THIS MATTER having come before the Court on the 7th day of July, 2021,
24 on Defendant's Motion for Order Pursuant to NRS 200.359 and the Plaintiff's
25 Opposition and Countermotion. The Plaintiff, Emily Bellisario, being present and
26 represented, by and through her attorney of record, Amanda M. Roberts, Esq., of
27 Roberts Stoffel Family Law Group, and the Defendant, Bradley Bellisario, being
28 present in proper person.

29 The Court noted that the Plaintiff had good reason to withhold the Minor
30 Children for the fear of her life. Defendant stated argument regarding the timely
31 matter for the Plaintiff's response; the Court stated that the extension of time to file
32 the response was granted due the factor of Covid. The Court noted that Dr. Ponzo's
33 report has been reviewed and further discussed the Defendant participating with
34 Dr. Holland so that a report can be filed with the Court.

1 NOW THEREFORE,

2 THE COURT HEREBY ORDERS that the Defendant's request for the
3 Plaintiff to be deemed to have engaged in parental kidnapping under *NRS* § 200.359
4 (1) is denied.
5

6 THE COURT FURTHER ORDERS that the Plaintiff's request to deem the
7 Defendant a vexatious litigant is taken under advisement and the Court shall issue a
8 decision within seven (7) days.
9

10 THE COURT FURTHER ORDERS that Ms. Roberts shall prepare the Order
11 from today's hearing and submit it to the Defendant for review and approval.
12

13 Statutory Notices:

14 The following statutory notices relating to the custody of minor children are
15 applicable to the Parties:
16

17 The Parties are put on notice of the following provision of *NRS* §125C.006,
18 which states:

19 1. If primary physical custody has been established
20 pursuant to an order, judgment or decree of a court and the
21 custodial parent intends to relocate his or her residence to a
22 place outside of this State or to a place within this State that
23 is at such a distance that would substantially impair the
24 ability of the other parent to maintain a meaningful
25 relationship with the child, and the custodial parent desires
26 to take the child with him or her, the custodial parent shall,
27 before relocating:

28 (a) Attempt to obtain the written consent of the
noncustodial parent to relocate with the child; and

1 (b) If the noncustodial parent refuses to give that
2 consent, petition the court for permission to relocate
3 with the child.

4 2. The court may award reasonable attorney's fees and costs
5 to the custodial parent if the court finds that the
6 noncustodial parent refused to consent to the custodial
7 parent's relocation with the child:

- 8 (a) Without having reasonable grounds for such refusal, or
9 (b) For the purpose of harassing the custodial parent.

10 3. A parent who relocates with a child pursuant to this
11 section without the written consent of the noncustodial
12 parent or the permission of the court is subject to the
13 provisions of NRS 200.359.

14 Both Parties shall be bound by the provisions of NRS §125C.0045(6) which
15 states:

16 PENALTY FOR VIOLATION OF ORDER: THE
17 ABDUCTION, CONCEALMENT OR DETENTION OF A
18 CHILD IN VIOLATION OF THIS ORDER IS PUNISHABLE
19 AS A CATEGORY D FELONY AS PROVIDED IN NRS §
20 193.130. NRS § 200.359 provides that every person having a
21 limited right of custody to a child or any parent having no right
22 of custody to the child who willfully detains, conceals or
23 removes the child from a parent, guardian or other person
24 having lawful custody or a right of visitation of the child in
25 violation of an order of this court, or removes the child from the
26 jurisdiction of the court without the consent of either the court
27 or all persons who have the right to custody or visitation is
28 subject to being punished for a category D felony as provided in
NRS §193.130.

24 Pursuant to NRS §125C.0045(7), the terms of the Hague Convention of
25
26 October 25, 1980, adopted by the 14th Session of the Hague Conference on Private
27
28

1 International Law, apply if a parent abducts or wrongfully retains a child in a
2 foreign country.

3
4 The minor children's habitual residence is located in the United States of
5 America. *NRS* § 125C.0045 (7) and (8) specifically provide as follows:

6 Section 7. In addition to the language required pursuant to subsection
7 6, all orders authorized by this section must specify that the terms of the
8 Hague Convention of October 25, 1980, adopted by the 14th Session of the
9 Hague Conference on Private International Law, apply if a parent abducts or
10 wrongfully retains a child in a foreign country.

11 Section 8. If a parent of the child lives in a foreign country or has
12 significant commitments in a foreign country:

13 (a) The parties may agree, and the Court shall include in the
14 Order for custody of the child, that the United States is the
15 country of habitual residence of the child for the purposes of
16 applying the terms of the Hague Convention as set forth in
17 Subsection 7.

18 (b) Upon motion of the parties, the Court may order the
19 parent to post a bond if the Court determines that the parent
20 poses an imminent risk of wrongfully removing or
21 concealing the child outside the country of habitual
22 residence. The bond must be in an amount determined by the
23 Court and may be used only to pay for the cost of locating the
24 child and returning him to his habitual residence if the child
25 is wrongfully removed from or concealed outside the country
26 of habitual residence. The fact that a parent has significant
27 commitments in a foreign country does not create a
28 presumption that the parent poses an imminent risk of
wrongfully removing or concealing the child.

1 The Parties are further put on notice that they are subject to the provisions of
2 *NRS* §31A and *NRS* § 125.450 regarding the collection of delinquent child support
3 payments.
4

5 The Parties are further put on notice that either Party may request a review of
6 child support pursuant to *NRS* §125B.145.
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1 The Parties shall submit the information required in *NRS* §125B.055, *NRS*
2 §125.130 and *NRS* §125.230 on a separate form to the Court and the Welfare
3 Division of the Department of Human Resources within ten (10) days from the date
4 the Decree in this matter is filed. Such information shall be maintained by the
5 Clerk in a confidential manner and not part of the public record. The Parties shall
6 update the information filed with the Court and the Welfare Division of the
7 Department of Human Resources within ten (10) days should any of that
8 information become inaccurate.

11 IT IS SO ORDERED.

Dated this 20th day of July, 2021

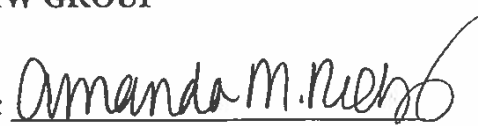


15 Submitted this 19th day of
16 July, 2021.

17 **ROBERTS STOFFEL FAMILY**
18 **LAW GROUP**

Approved as to Content and Form:

2CB D20 1B56 A666
Mary Perry
District Court Judge

19 By: 
20 Amanda M. Roberts, Esq.
21 State of Nevada Bar No. 9294
22 4411 South Pecos Road
23 Las Vegas, Nevada 89121
24 PH: (702) 474-7007
25 FAX: (702) 474-7477
26 EMAIL: efile@lvfamilylaw.com

By: _____
Bradley Bellisario
7100 Grand Montecito Pkwy., #2054
Las Vegas, Nevada 89149
PH: (702) 936-4800
FAX: (702) 936-4801
EMAIL: bradb@bellisariolaw.com

1 CSERV

2 DISTRICT COURT
3 CLARK COUNTY, NEVADA
4

5
6 Emily Bellisario, Plaintiff

CASE NO: D-20-605263-D

7 vs.

DEPT. NO. Department P

8 Bradley John Bellisario,
9 Defendant.

10
11 **AUTOMATED CERTIFICATE OF SERVICE**

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13 Court. The foregoing Order was served via the court's electronic eFile system to all
recipients registered for e-Service on the above entitled case as listed below:

14 Service Date: 7/20/2021

15 Amanda Roberts

efile@lvfamilylaw.com

16 Bradley Bellisario

bradb@bellisariolaw.com

17 Bradley Bellisario

bradb@bellisariolaw.com

18 Linda Bell

dept07lc@clarkcountycourts.us

Electronically Filed
09/17/2021 8:52 AM
Amanda M. Roberts
CLERK OF THE COURT

1 **ORDR**

2 Amanda M. Roberts, Esq.

3 State Bar of Nevada No. 9294

4 **ROBERTS STOFFEL FAMILY LAW GROUP**

5 4411 S. Pecos Road

6 Las Vegas, Nevada 89121

7 PH: (702) 474-7007

8 FAX: (702) 474-7477

9 EMAIL: efile@lvfamilylaw.com

10 Attorneys for Plaintiff, Emily Bellisario

11 **DISTRICT COURT**

12 **CLARK COUNTY, NEVADA**

13 EMILY BELLISARIO,

) Case No: D-20-605263-D

) Dept No: P

14 Plaintiff,

)

15 v.

)

16 **ORDER AFTER HEARING**

17 BRADLEY BELLISARIO,

)

)

18 Defendant.

) Date of Hearing: September 16, 2021

) Time of Hearing: 9:00 a.m.

)

19 THIS MATTER having come before the Court on the 16th day of September,
20 2021, for the return hearing regarding Defendant's psychological evaluation. The
21 Plaintiff, Emily Bellisario, being present and represented, by and through her
22 attorney of record, Amanda M. Roberts, Esq., of Roberts Stoffel Family Law
23 Group, and the Defendant, Bradley Bellisario, being present in proper person. The
24 Parties and Counsel appearances via Blue Jeans video application, in accordance
25
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MARK
PROP
CASE



ATION

1 with the Administrative Order. The Court having heard the arguments and
2 reviewed the pleadings on file herein hereby finds and Orders as follows:

3
4 NOW THEREFORE,

5 THE COURT HEREBY ORDERS that the Defendant shall be able to make-
6 up the two (2) hours missed visitation, in one (1) hour increments added to his
7 current supervised visitation at Family First.
8

9 THE COURT FURTHER ORDERS that an expert reports shall be provided
10 on or before September 23, 2021; and any rebuttal reports shall be provided on or
11 before October 16, 2021.
12

13 THE COURT FURTHER ORDERS that Trial is scheduled on December 20,
14 2021, at 9:00 a.m.

15 THE COURT FURTHER ORDERS that discovery shall close on November
16 20, 2021.
17

18 THE COURT FURTHER ORDERS that each Party shall file and serve an
19 updated Financial Disclosure Form on or before November 20, 2021.
20

21 THE COURT FURTHER ORDERS that each Party shall file and serve a
22 Pre-Trial Memorandum on or before November 20, 2021.

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The Parties are put on notice of the following provision of *NRS* §125C.006, which states:

- (a) Attempt to obtain the written consent of the noncustodial parent to relocate with the child; and
- (b) If the noncustodial parent refuses to give that consent, petition the court for permission to relocate with the child.

(a) Without having reasonable grounds for such refusal, or
(b) For the purpose of harassing the custodial parent.

Page 3 of 6

1 Both Parties shall be bound by the provisions of *NRS* §125C.0045(6) which
2 states:

3
4 *PENALTY FOR VIOLATION OF ORDER: THE*
5 *ABDUCTION, CONCEALMENT OR DETENTION OF A*
6 *CHILD IN VIOLATION OF THIS ORDER IS PUNISHABLE*
7 *AS A CATEGORY D FELONY AS PROVIDED IN NRS §*
8 *193.130. NRS § 200.359 provides that every person having a*
9 *limited right of custody to a child or any parent having no right*
10 *of custody to the child who willfully detains, conceals or*
11 *removes the child from a parent, guardian or other person*
12 *having lawful custody or a right of visitation of the child in*
13 *violation of an order of this court, or removes the child from the*
14 *jurisdiction of the court without the consent of either the court*
15 *or all persons who have the right to custody or visitation is*
16 *subject to being punished for a category D felony as provided in*
17 *NRS §193.130.*

18 Pursuant to *NRS* §125C.0045(7), the terms of the Hague Convention of
19 October 25, 1980, adopted by the 14th Session of the Hague Conference on Private
20 International Law, apply if a parent abducts or wrongfully retains a child in a
21 foreign country.

22 The minor children's habitual residence is located in the United States of
23 America. *NRS* § 125C.0045 (7) and (8) specifically provide as follows:

24 Section 7. In addition to the language required pursuant to subsection
25 6, all orders authorized by this section must specify that the terms of the
26 Hague Convention of October 25, 1980, adopted by the 14th Session of the
27 Hague Conference on Private International Law, apply if a parent abducts or
28 wrongfully retains a child in a foreign country.

Section 8. If a parent of the child lives in a foreign country or has
significant commitments in a foreign country:

1
2 (a) The parties may agree, and the Court shall include in the
3 Order for custody of the child, that the United States is the
4 country of habitual residence of the child for the purposes of
5 applying the terms of the Hague Convention as set forth in
6 Subsection 7.

7 (b) Upon motion of the parties, the Court may order the
8 parent to post a bond if the Court determines that the parent
9 poses an imminent risk of wrongfully removing or
10 concealing the child outside the country of habitual
11 residence. The bond must be in an amount determined by the
12 Court and may be used only to pay for the cost of locating the
13 child and returning him to his habitual residence if the child
14 is wrongfully removed from or concealed outside the country
15 of habitual residence. The fact that a parent has significant
16 commitments in a foreign country does not create a
17 presumption that the parent poses an imminent risk of
18 wrongfully removing or concealing the child.

19 The Parties are further put on notice that they are subject to the provisions of
20 *NRS* §31A and *NRS* § 125.450 regarding the collection of delinquent child support
21 payments.

22 The Parties are further put on notice that either Party may request a review of
23 child support pursuant to *NRS* §125B.145.

24 The Parties shall submit the information required in *NRS* §125B.055, *NRS*
25 §125.130 and *NRS* §125.230 on a separate form to the Court and the Welfare
26 Division of the Department of Human Resources within ten (10) days from the date
27 the Decree in this matter is filed. Such information shall be maintained by the
28

1 Clerk in a confidential manner and not part of the public record.

2 The Parties shall update the information filed with the Court and the Welfare

3
4 Division of the Department of Human Resources within ten (10) days should any of
5 that information become inaccurate.

6 IT IS SO ORDERED.

7 Dated this 17th day of September, 2021

8 
9

10 Submitted this 10th day of
11 September, 2021.

Approved as to Content and Form:

EFB 102 CB3D 042E
Mary Perry
District Court Judge

12 **ROBERTS STOFFEL FAMILY**
13 **LAW GROUP**

14
15 By: Amanda M. Roberts
16 Amanda M. Roberts, Esq.
17 State of Nevada Bar No. 9294
18 4411 South Pecos Road
19 Las Vegas, Nevada 89121
20 PH: (702) 474-7007
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23 Attorneys for Plaintiff
24
25
26
27
28

1 CSERV

2 DISTRICT COURT
3 CLARK COUNTY, NEVADA
4

5
6 Emily Bellisario, Plaintiff

CASE NO: D-20-605263-D

7 vs.

DEPT. NO. Department P

8 Bradley John Bellisario,
9 Defendant.

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bradb@bellisariolaw.com

17 Bradley Bellisario

bradb@bellisariolaw.com

18 Linda Bell

dept07lc@clarkcountycourts.us

Amanda Roberts
CLERK OF THE COURT

1 **ORDR**

2
3
4 **DISTRICT COURT; FAMILY DIVISION**
5 **CLARK COUNTY, NEVADA**

6 * * * * *

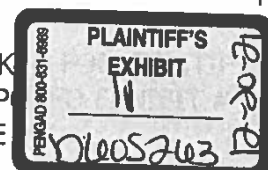
7 EMILY BELLISARIO,) Case No.: D-20-605263-D
8 Plaintiff,) Dept. P
9 -vs.-)
10) Date: 7/7/21
11 BRADLEY JOHN BELLISARIO,) Time: 10:00 am
12 Defendant.)

13 **ORDER DEEMING DEFENDANT A VEXATIONS LITIGANT**

14 This matter having come on regularly before the Court, via Blue Jeans
15 video conference, as it pertains to the multiple motions /countermotions of the
16 Plaintiff to have the Defendant deemed a vexatious litigant, and the Defendant's
17 opposition(s) thereto; and the Plaintiff personally appearing via BlueJeans and
18 represented by Amanda Roberts, Esq.; and the Defendant, self-represented
19 appearing personally via BlueJeans; and the Court, having reviewed all the
20 pleading, motions, oppositions and other papers filed herein, Hereby Finds:

21 **FINDINGS OF FACT/FACTORS**

22 1. Bradley Bellisario ("Bradley"), the Defendant in the divorce action,
23 and at the time of filing the below civil lawsuits was an active Nevada attorney
24 (he was recently suspended) has instituted multiple actions, all arising under the
25 same set of facts stemming from the divorce action, which commenced March 5,
26 2020 by Plaintiff, Emily Bellisario ("Emily"). Bradley has acted in a belligerent
27 and unprofessional manner to opposing counsel and their staff, creating
28 communication issue. Anyone who has engaged with Emily received a lawsuit,
which include, but are not limited to:



1 (A) Related Protective Order Applications:

2 Bradley Bellisario was denied multiple TPO's against Emily Bellisario
3 in Cases T-20-204245-T (filed 3/9/20); T-20-204723-T (filed 4/6/20) and T-21-
4 211921-T (filed 2/24/01).

5 Emily Bellisario received a TPO, which is currently active until
6 5/20/22- Case #: T-20-206639-T (filed 2/5/20); per the Order from the
7 7/30/2020 hearing by the former Judicial Officer should there be any acts of
8 violence, the TPO would automatically be extended to 5/20/22. Acts of violence
9 occurred, culminating the currently pending criminal matter against Bradley.
10 The current Judicial Officer affirmed the prior order of extension.

11 (B) A-20-812996-C--Bradley Bellisario v. Emily Bellisario; Civil
12 action-filed 3/30/20, alleging multiple acts of domestic issues, as recited also in
13 the divorce action; Matter open.

14 (C) A-20-815348-C--Bradley Bellisario v. Donna Wilburn (therapist):
15 Civil action filed 5/20/2020, alleging in February 2020, for Wilburn's failure to
16 contact Bradley regarding treatment of the parties' minor son. Arbitration in
17 favor of Donna Wilburn (filed 5/30/21) for damages on complaint of \$5,000 and
18 her counterclaim for abuse of process of \$2,500.

19 (D) A-20-825422-C--Bradley Bellisario v. Anna Trujillo (therapist):
20 Civil action filed 11/25/2020, alleging in April 2020, for Trujillo's failure to
21 contact Bradley regarding treatment of the parties' minor son, utilizing the same
22 assertions as in the Wilburn matter above. This matter was never served and the
23 time to serve has passed.

24 (E) A-20-825505-C--Bradley Bellisario v. Marathon Law Group,
25 AAA Flooring, Roberts Stoffel Law Group, Amanda Roberts, Esq., LVMPD,
26 Clark County (filed 11/26/2020) Marathon Law was Emily Bellisario's initial
27 divorce attorney and Amanda Roberts, Esq. was Emily's second and current
28 counsel; AAA Flooring is owned by Emily Bellisario's father; the issue was

1 Marathon's filing of what Bradley's filing of a Financial Disclosure Form, delay
2 in orders being signed and the like in the divorce action; LVMPD as to false
3 arrest for his violation of an active TPO. This matter was never served- and the
4 time to serve has passed.

5 (F) A-20-825505-C--Bradley Bellisario v. Amanda Roberts, Esq. filed
6 11/26/20; alleging claims arising from the divorce matter and, *inter alia*, Emily
7 Bellisario's claims regarding domestic violence; the matter was dismissed via
8 motion to dismiss (Order 6/14/21) stating that the facts alleged were based upon
9 attorney-client communications under litigation privilege; Bradley has judgment
10 against him for \$11,688 to the attorneys Ms. Roberts had to retain.

11 (G) A-21-830901-C-- Bradley Bellisario v. Emily Bellisario, her
12 attorneys and Las Vegas Review Journal; Civil action; filed 3/10/2021, alleging
13 facts rightfully belonging in the divorce case, and again alleging the Financial
14 Disclosure issue as the case above; matter has not been served and the time to
15 serve has passed.

16 * * *

17 2. These repetitive lawsuits have caused many judicial departments (all
18 of the above cases are different judges), placing frivolous lawsuits on various
19 department dockets, potentially and needlessly extending litigation for all of the
20 parties involved, all of which is basically based upon Family Court matters and
21 issues.

22 3. These lawsuits have been harassing, frivolous and unwarranted,
23 especially where the alleged facts are those contained in the divorce case. Only
24 one of those cases has been brought to an end, and was against Bradley with a
25 counterclaim of abuse of process.

1 4. What is even more insidious is that as an attorney, Bradley was and
2 is well aware of Nevada's laws, rules, etc. and the fact that his actions were
3 frivolous and unwarranted in nature. While on their face they appear to request
4 pertinent relief, it has been made clear that the goal is to delay.

5 5. As it specifically relates to the Divorce matter, a "copy and paste" of
6 relevant facts/background of each motion is much same, also repeated in the civil
7 "A" cases. There have been twelve (12) motions filed by Bradley, to be heard by
8 the current Judicial Officer since January 4, 2021, when the current Judicial
9 Officer commenced tenure in Dept. P, most of which have been denied.

10 6. At the Hearing held April 6, 2021, Emily Bellisario was awarded
11 temporary primary legal and physical custody. Bradley started supervised visits
12 in July 2020 from the prior Judicial Officer. He was again placed on supervised
13 visits, due to his own behavior, and his violation of the TPO in April 2021.
14 Bradley has, again, by his own behavior, caused himself to be forbidden to
15 appear at Donna's House for supervised visitation.

16 7. Bradley has failed and/or refused to abide by the Orders made by the
17 Court in not paying Court ordered child support and spousal support and is in
18 arrears in an amount in excess of approximately \$80,000.

19 8. Bradley has failed to participate in Discovery, by way of
20 Admissions, Interrogatories and Document Requests. The Discovery
21 Commissioner ordered that the failure to respond to admissions automatically
22 deemed them admitted; gave Bradley five (5) days to provide responses to
23 Interrogatories and produce the requested documents, which he did not do; failed
24 to provide the required disclosures pursuant to NRCP 16.2 within the same five
25 (5) days; that an adverse inference is appropriate that any evidence withheld
26 would not support Bradley's position; Granted Plaintiff's motion to preclude, in
27 that Bradley is precluded from presenting or relying any evidence relating to the
28 discovery requests at Evidentiary Hearing and/or Trial.

1
2 9. Bradley persistently seeks to blame others for his own failure to act;
3 i.e. blaming his prior counsel who withdrew in November 2020, for his failures
4 to participate in discovery, and cannot use the excuse of his failure of knowledge
5 as he was an attorney, well acquainted with discovery rules.

6 10. Bradley has failed and/or refused to cooperate with Dr. Stephanie
7 Holland as it relates to the psychiatric evaluation which was ordered by the Court
8 that he complete.

9 11. Bradley's most recent motion, knowing that Emily had primary
10 legal and physical custody and he had supervised visits, sought to have Emily
11 deemed a kidnapper pursuant to NRS 200.395. Once again, there is the same
12 recitation of history from 2019 forward. He recites the same allegations against
13 the Judicial Officer which were denied by the Chief Judge as it pertained to
14 Bradley's Motion to Disqualify. He still alleges there was no active TPO as the
15 2019 TPO was dissolved, which is true, but continuously fails to recognize that
16 the TPO granted in February 2020 is still very much active (currently to May
17 2022) and enforceable. This motion does not relate any activity, since the last
18 Court order which would give rise to the relief requested being granted.

19 12. Emily, through counsel filed an Opposition and Countermotion
20 requesting that Bradley be deemed a vexatious litigant, which was properly
21 served on Bradley. At the time of the hearing, Bradley has not opposed that
22 countermotion, and did not request an extension of time to file any response.

23 13. While the Court had previously denied Emily's prior request to
24 deem Bradley a vexatious litigant at that point, with the current request, a review
25 of the courts file was prudent; after further review, a preponderance of all of the
26 filings, lawsuits, behaviors, failure to abide by the Court's orders, must, at this
27 time, lead the Court to a finding that Bradley Bellisario should be deemed a
28 vexatious litigant.

1 14. That Bradlely's conduct is for the sole purpose of harassment
2 (including judicial personnel) and unnecessarily and vexatiously increasing the
3 costs of litigation.

4 **CONCLUSIONS OF LAW**

5 1. Multiple litigation may arise wherein a party starts a number of
6 different law suits against the same adverse party asserting a right to recover
7 arising from the same general facts. The same could also hold true wherein the
8 same set of general facts, for example in a divorce matter, wherein one of the
9 parties then civilly sues the adverse party, their attorney, counselors or other
10 potential professional experts, as in this matter.

11 2. A vexatious litigant is defined as one who repeatedly files frivolous
12 lawsuits. In order to deter such conduct, the Nevada Supreme Court has allowed
13 for limiting such vexatious litigant s right to access the courts unless that litigant
14 does first demonstrat[e] to the court that the proposed case is not frivolous. *Peck*
15 *v. Crouser*, 295 P.3d 586, 587, 129 Nev. Adv. Op. 12 (2013).

16 The Nevada Supreme Court requires this Court follow the 4 step
17 analysis for issuing a vexatious litigant order: (1) provide a reasonable notice of
18 and an opportunity to oppose a vexatious litigant finding and order, (2) provide a
19 record in support of a such order, (3) how litigant's actions constitute vexatious
20 i.e. make a substantive findings as to the frivolous or harassing nature of the
21 litigant s actions, and (4) litigant's constitutional right to access the courts is
22 protected by making the vexatious litigant order narrowly tailored to the issue at
23 hand (e.g. if the litigant repeatedly asserts the same claim, the restrictive order is
24 limited to the filings raising the same claim). *Jones v. Eighth Jud. Dist. Ct.*, 330
25 P.3d 475, 478, 130 Nev. Adv. Op. 53 (2014). See also *Jordan v. State ex rel. Dep*
26 *t of Motor Vehicles & Pub. Safety*, 121 Nev. 44, 110 P.3d 30 (2005), abrogated
27 on other grounds by *Buzz Stew, LLC v. City of N. Las Vegas*, 124 Nev. 224, 181
28 P.3d 670 (2008).

1 3. EDCR 7.60 provides the Court with wide discretion as it pertains to
2 making orders where a party has presented themselves in the matter and
3 presented frivolous, unnecessary, filings/motions, has unreasonably increased
4 fees and costs in the matter, has failed and/or refused to comply with the rules
5 and orders of the Court. EDCR 7.60 states:

6 **Rule 7.60. Sanctions.**

7 (a) If without just excuse or because of failure to give reasonable attention to
8 the matter, no appearance is made on behalf of a party on the call of a calendar, at
9 the time set for the hearing of any matter, at a pre-trial conference, or on the date of
10 trial, the court may order any one or more of the following:

11 (1) Payment by the delinquent attorney or party of costs, in such amount as
12 the court may fix, to the clerk or to the adverse party.

13 (2) Payment by the delinquent attorney or party of the reasonable expenses,
14 including attorney's fees, to any aggrieved party.

15 (3) Dismissal of the complaint, cross-claim, counter-claim or motion or the
16 striking of the answer and entry of judgment by default, or the granting of the
17 motion.

18 (4) Any other action it deems appropriate, including, without limitation,
19 imposition of fines.

20 (b) The court may, after notice and an opportunity to be heard, impose upon an
21 attorney or a party any and all sanctions which may, under the facts of the case, be
22 reasonable, including the imposition of fines, costs or attorney's fees when an
23 attorney or a party without just cause:

24 (1) Presents to the court a motion or an opposition to a motion which is
25 obviously frivolous, unnecessary or unwarranted.

26 (2) Fails to prepare for a presentation.

27 4. In the instant matter as to the four factors:

28 (1) *the litigant must first receive notice and an opportunity to oppose
such a sanction, to protect the litigant's due process rights:* The
motions/counter motions requesting relief as to vexatious litigant were served
upon Bradley and provided him proper notice. Bradley did not oppose the
countermotion to deem him a vexatious litigant.

(2) *the district court must create an adequate record for review to
explain the reason a restrictive order was needed to stop repetitive or abusive
conduct:* As stated in the Findings of Fact/Factors herein, and that Bradley's

1 conduct, separate/frivolous litigation, was either repetitive or abusive, and
2 without an arguable factual or legal basis or filed with the intent to harass.

3 (3) *the district court must make substantive findings as to the frivolous*
4 *or harassing nature of the conduct: See Findings of Fact/Factors herein.*

5 (4) *the order must be narrowly drawn to address the specific problem.*

6 Nevada courts may impose restrictive orders, e.g., vexatious litigant
7 restrictive orders, to curb abusive litigation. Such orders must be narrowly
8 tailored since they implicate an individual's constitutional right to access the
9 courts.

10 That the court's order should include that Bradley is prohibited from
11 filing any new civil actions or further motions in the civil matters and/or divorce
12 matter without first demonstrating to the court that the proposed action is not
13 brought for an improper purpose, as it would not prevent his access to the Court.

14
15 NOW THEREFORE, and with good cause appearing, IT IS HEREBY

16 ORDERED, that the Plaintiff's countermotion is granted in that good
17 cause exists that Bradley Bellisario be and hereby is deemed a Vexations
18 Litigant; and it is further

19 ORDERED that Bradley Bellisario may not file any further separate
20 civil lawsuits as it relates to any party, attorney, family member, counselor or
21 other individual who has contact with the within matter; and it is further

22 ORDERED that if Bradley Bellisario wishes to file any new case, which
23 is in any way related to any individual in contact with or subject matter contained
24 of the divorce case, he is to retain/pay counsel (not himself) to evaluate the
25 veracity of the claims he wishes to assert and the facts he wants to allege; and (2)
26 said counsel must obtain permission from this Court before filing any additional
27 pleadings in any jurisdiction asserting allegations or causes of action; and it is
28 further

1 ORDERED, that before filing any motion in this matter, Bradley
2 Bellisario shall submit the proposed motion and exhibits for judicial review, via
3 email to the Law Clerk; the Court shall review the motion to make sure it is (1)
4 not repetitive as to facts or argument, (2) asks for relief which the Court is
5 permitted to grant, and (3) is procedurally proper. If the Court is satisfied, the
6 Court shall email Bradley Bellisario the permission to file the motion, to be
7 heard in due course; and it is further

8 ORDERED, that before filing any Notice of Appeal in this matter,
9 Bradley Bellisario shall submit the proposed Notice of Appeal for judicial
10 review, together with a brief reasoning as to what is being appealed, within 10
11 days of the Notice of Entry, via email to the Law Clerk; the Court shall review
12 the appeal to make sure the appeal is permissible under NRAP 3(A), and the
13 appeal is procedurally proper. If the Court is satisfied Bradley may appeal the
14 issue, Court shall email Bradley Bellisario the permission to file the notice of
15 appeal, with sufficient time for Bradley Bellisario to timely file the Notice of
16 Appeal; and it is further

17 ORDERED, that a copy of this order will be transmitted to the
18 Administrative Office of the Court as required by Supreme Court Rule 9.5.

19
20 Dated this 12th day of July, 2021

21
22 
23

24
25 63A C96 9515 BCEE
26 Mary Perry
27 District Court Judge
28

1 CSERV

2 DISTRICT COURT
3 CLARK COUNTY, NEVADA

4
5
6 Emily Bellisario, Plaintiff

CASE NO: D-20-605263-D

7 vs.

DEPT. NO. Department P

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9 Defendant.

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bradb@bellisariolaw.com

18 Linda Bell

dept07lc@clarkcountycourts.us

Steven D. Grierson

1 **DCRR**

2 Amanda M. Roberts, Esq.

3 State Bar of Nevada No. 9294

4 **ROBERTS STOFFEL FAMILY LAW GROUP**

5 4411 S. Pecos Road

6 Las Vegas, Nevada 89121

7 PH: (702) 474-7007

8 FAX: (702) 474-7477

9 EMAIL: efile@lvfamilylaw.com

10 Attorneys for Plaintiff, Emily Bellisario

11 **DISTRICT COURT**

12 **CLARK COUNTY, NEVADA**

13 EMILY BELLISARIO,

14 Plaintiff,

15 v.

16 BRADLEY BELLISARIO,

17 Defendant.

Case No: D-20-605263-D

Dept No: P

(Discovery Commissioner)

**DISCOVERY COMMISSIONER'S
REPORT AND
RECOMMENDATIONS**

18 Date and Time of Hearing: March 17, 2021

19 Time of Hearing: 1:00 p.m.

20 Plaintiff, Emily Bellisario, not being present, but represented by Amanda M.

21 Roberts, Esq., of Roberts Stoffel Family Law Group, and Defendant, Bradley

22 Bellisario, being present in proper person. The Court, litigants and/or Counsel

23 appearing through Blue Jeans.

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I.
FINDINGS

This hearing having come before the Discovery Commission on Plaintiff's Motion to Compel Discovery, for Attorney's Fees and Costs, and Related Relief.

THE COURT HEREBY FINDS that pursuant to EDCR 5.503(b), Defendant is deemed by reason of his failure to oppose the Motion timely, to have admitted that Motion at bar has merit. (Video Timestamp at 2:18:56)

THE COURT FURTHER FINDS that separate from the operation of EDCR 5.503(b), Plaintiff is entitled to an Order under NRCP 37 compelling answers to Interrogatories, compelling answers to Request for Production of Documents, and that all objections to the Request for Interrogatories and Request for Production of Documents are deemed waived. (Video Timestamp at 2:19:13)

THE COURT FURTHER FINDS that Plaintiff's request to deem as admitted, certain unanswered Requests for Admission, is ^{denied} as moot. The same are deemed admitted by operation of rule NRCP 36(a)(3). Therefore, any motion to deem the same admitted is both unnecessary and inappropriate.

THE COURT FURTHER FINDS that Defendant will respond to the Interrogatories and Request for Production of Documents no later than five (5) days from March 17, 2021 (i.e. on or before March 22, 2021). (Video Timestamp at 2:20:51)

1 THE COURT FURTHER FINDS that Defendant is precluded from
2 presenting or relying on at Trial or any Evidentiary Hearing, any evidence required
3 to be disclosed by NRCP 16.2 that is not disclosed within five (5) days of today's
4 date (i.e. by March 22, 2021). (Video Timestamp at 2:20:03)
5

6 THE COURT FURTHER FINDS that an adverse inference is appropriate
7 that any evidence withheld would not support the withholding Parties' position.
8 The Commissioner refers the actual language of the inference to the District Court
9 Judge to be determined at the time of the Trial. (Video Timestamp at 2:20:38)
10

11 THE COURT FURTHER FINDS that Plaintiff's request for Attorney's Fees
12 is warranted and should be granted preliminarily, under rule NRCP 37(a)(5).
13 Defendant has been provided notice and an opportunity to oppose Plaintiff's
14 Motion to Compel and did not do so timely. (Video Timestamp at 2:20:58)
15

16
17 **II.**
18 **RECOMMENDATIONS**

19 GOOD CAUSE APPEARING THEREFOR,

20 IT IS HEREBY RECOMMENDED that Plaintiff's Motion is GRANTED in
21 part and DENIED in part.

22 IT IS FURTHER RECOMMENDED that Plaintiff's request for an order
23 compelling answers to First Request for Production of Documents is GRANTED.
24 Defendant will respond to Plaintiff's First Request for Production of Documents
25

1 within five (5) days of today's hearings (i.e. by March 22, 2021). Defendant has
2 waived all objections to the same because he failed to timely respond.

3
4 IT IS FURTHER RECOMMENDED that Plaintiff's request for an order
5 compelling answers to First Request for Interrogatories is GRANTED. Defendant
6 will respond to Plaintiff's First Request for Interrogatories within five (5) days of
7 today's hearings (i.e. March 22, 2021). Defendant has waived all objections to the
8 same because he failed to timely respond.

9
10 IT IS FURTHER RECOMMENDED that Plaintiff's request for an order
11 precluding the presentation of evidence is GRANTED. Defendant is precluded
12 from presenting or relying on at Trial or any Evidentiary Hearing, any evidence
13 required to be disclosed by NRCP 16.2 that is not disclosed within five (5) days of
14 today's hearing date (i.e. by March 22, 2021). (Video Timestamp at 2:20:03)

15
16 IT IS FURTHER RECOMMENDED that an adverse inference is issued.
17 Plaintiff is entitled to an inference that any required NRCP 16.2 disclosure withheld
18 and not disclosed by Defendant on or before March 22, 2021 would not support the
19 withholding Defendant's position. The actual language of the inference will be
20 determination at the time of the Trial or Evidentiary Hearing. (Video Timestamp at
21 2:20:38)

22
23 IT IS FURTHER RECOMMENDED that Plaintiff's request that this court
24 deem Defendant admitted the facts contained in Plaintiff's First Request for
25

1 Admissions is DENIED as moot. Plaintiff seeks an order from the court deeming
2 matters admitted, but the matters are automatically admitted by operation of Rule
3 36(a)(3), which reads
4

5 A matter is **admitted** unless, within 30 days after being served, the
6 party to whom the request is directed serves on the requesting party a
7 written answer or objection addressed to the matter and signed by the
party or its attorney.

8 Emphasis added.

9 IT IS FURTHER RECOMMENDED that Plaintiff be awarded attorney fees
10 and costs. Plaintiff's Counsel will file an Affidavit of Counsel/Memorandum of
11 Fees and Costs regarding the considered the factors as set forth in Brunzell v.
12 Golden Gate National Bank, 85 Nev. 345, 455 P.2nd 31 (1969), plus the holdings in
13 Cadle Co. v. Woods & Erickson, 345 P.3d 1049 (2015) and Wright v. Osburn, 114
14 Nev. at 1370, 970 P.2d at 1073 (1998). Plaintiff will be permitted to include fees
15 related to the meet and confer, Motion, attendance at the hearings, plus anticipated
16 fees for the status check hearing in two (2) weeks. The Court will issue a separate
17 Report and Recommendation regarding the attorney fees and costs. (Video
18 Timestamp at 2:22:38)
19

20 IT IS FURTHER RECOMMENDED that Attorney Roberts will prepare the
21 Report and Recommendation and submit it to Defendant for consideration.
22 Attorney Roberts will submit the Report and Recommendation to Defendant by
23 March 22, 2021. Defendant will have forty-eight (48) hours from receipt of the
24

1 proposed Report and Recommendation to approve as to content and form, and if
2 Defendant does not respond then Attorney Roberts will submit it to the Court with
3
4 proof it was sent to Defendant.

5 IT IS FURTHER RECOMMENDED that a Status Check hearing regarding
6 outstanding discovery and attorney's fees is scheduled for April 7, 2021, at 1:30
7 p.m.

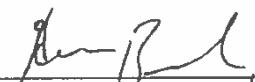
8
9 DATED this 5th day of April, 2021.

10
11 
12

13 Submitted this 26 day of
14 March, 2021.

Approved as to Content and Form:

15 **ROBERTS STOFFEL FAMILY**
16 **LAW GROUP**

17 By:  #7963 LR: By: _____
18 Amanda M. Roberts, Esq. Bradley Bellisario
19 State of Nevada Bar No. 9294 7100 Grand Montecito Pkwy., #2054
20 4411 South Pecos Road Las Vegas, Nevada 89149
21 Las Vegas, Nevada 89121 PH: (702) 936-4800
22 PH: (702) 474-7007 FAX: (702) 936-4801
23 FAX: (702) 474-7477 EMAIL: bradb@bellisariolaw.com
24 EMAIL: efile@lvfamilylaw.com Defendant, in proper person
25 Attorneys for Plaintiff
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28

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EIGHTH JUDICIAL DISTRICT COURT
CLARK COUNTY, NEVADA

EMILY BELLISARIO,
Plaintiff,

vs.

BRADLEY JOHN BELLISARIO,
Defendant

Case No.: D-20-605263-D
Dept. No.: P/ Discovery

NOTICE

Pursuant to NRCP 16.3(c)(2), you are hereby notified that within fourteen (14) days of being served with a report, any party may file and serve written objections to the recommendations. Written authorities may be filed with an objection, but are not mandatory. If written authorities are filed, any other party may file and serve responding party within seven (7) days after being served with objections.

A copy of foregoing Discovery Commissioner's Report and Recommendations was:

1 ___ Mailed to Plaintiff/Defendant on the ___ day of ___, 2021, to the
2 following address:

3 ✓ Electronically filed and served on the ^{6TH} day of ^{April} ___, 2021 to:

4 Amanda Roberts- efile@lvfamilylaw.com

5 Bradley John Bellisario- bradb@bellisariolaw.com

6 The Discovery Commissioner's Report and Recommendation is
7 deemed received at the time it is e-served to a party or the party's attorney.
8

9 Alternatively, the Discovery Commissioner's Report and Recommendation is
10 deemed received three (3) days after mailing to a party or a party's attorney; or
11 three (3) days after the Clerk of the Court deposits a copy of the Report and
12 Recommendations in a folder of the party's attorney in the Clerk's Office. EDCR
13 2.34(f).
14

15 Dated this ^{6TH} day of ^{April} ___, 2021.
16

17 *Vivian A. Canela*
18 _____
19 Commissioner Designee
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1 ORDR
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4 **EIGHTH JUDICIAL DISTRICT COURT**
5 **CLARK COUNTY, NEVADA**
6
7

8 EMILY BELLISARIO,

Case No.: D-20-605263-D

9 Plaintiff,

10 vs.

Dept. No. P / Discovery

11 BRADLEY BELLISARIO,

12 Defendant
13

14
15 **ORDER ON DISCOVERY COMMISSIONER'S REPORT AND**
16 **RECOMMENDATIONS**

17 The Court having reviewed the above Report and Recommendation's prepared by
18 the Discovery Commissioner and,

19 ☒ No timely objection having been filed,

20 ☐ After reviewing the objection to the Report and
21 Recommendation's and good cause appearing,

22 AND

23 ☒ IT IS HEREBY ORDERED the Discovery Commissioner's
24 Report and Recommendations are affirmed and adopted.

25 ☐ IT IS HEREBY ORDERED the Discovery Commissioner's
26 Report and Recommendations are affirmed and adopted as
27 modified in the following matter. (attached hereto)

28 ☐ IT IS HEREBY ORDERED this matter is remanded to the
Discovery Commissioner for reconsideration or further action.

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IT IS HEREBY ORDERED the Discovery Commissioner's
Report and Recommendations are reversed.

IT IS HEREBY ORDERED that a hearing on the Discovery
Commissioner's Report is

~~Set for the _____ day of _____, 2021 at _____ a.m. / p.m.~~

Dated this 20th day of September, 2021



28B 7EA FC26 69FA
Mary Perry
District Court Judge



1 **DCRR**

2 Amanda M. Roberts, Esq.
3 State Bar of Nevada No. 9294

4 **ROBERTS STOFFEL FAMILY LAW GROUP**

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10 Attorneys for Plaintiff, Emily Bellisario

11 **DISTRICT COURT**

12 **CLARK COUNTY, NEVADA**

13 EMILY BELLISARIO,

14 Plaintiff,

15 v.

16 BRADLEY BELLISARIO,

17 Defendant.

Case No: D-20-605263-D

Dept No: P

(Discovery Commissioner)

18 **DISCOVERY COMMISSIONER'S**
19 **REPORT AND**
20 **RECOMMENDATIONS**

21 **DISCOVERY COMMISSIONER'S REPORT AND RECOMMENDATIONS**

22 Amanda M. Roberts, Esq., Counsel for Plaintiff, Emily Bellisario.

23 Bradley Bellisario in Proper Person.

24 On March 17, 2021, the Parties to the above-captioned matter appeared
25 before the Honorable Discovery Commissioner, Jay Young, by and through their
26 Counsel listed above, on Movant's Notice of Motion and Motion to Compel
27 Discovery, for Attorneys Fees and Costs, and Related Relief. Affidavit of Amanda
28 M. Roberts, Esq. (the "Motion"). The Court reviewed the Motion and entertained

1 oral argument made by the Parties. For good cause appearing, the Discovery
2 Commissioner hereby makes the following findings and recommendations:

3
4 **I. FINDINGS**

5 A Court may not award attorney fees or costs unless authorized to do so by a
6 statute, rule, or contract. *U.S. Design & Const. Corp. v. Int'l Bhd. of Elec. Workers*,
7 118 Nev. 458, 462, 50 P.3d 170, 173 (2002). Movant seeks an award of reasonable
8 attorney fees and costs.
9

10 **A. MOVANT SEEKS AN AWARD OF ATTORNEY FEES**

11 The Motion seeks an award of attorney fees pursuant to *Brunzell v. Golden*
12 *Gate Nat. Bank*, 85 Nev. 345, 455 P.2d 31 (1969) and *Wright v. Osburn*,
13 114 Nev. 1367, 970 P.2d 1071 (1998). *EDCR* § 5.602 allows for an award of fees
14 “responding party fails to participate in good faith in the conference or to answer
15 the discovery[.]”
16
17

18 The Court here has determined that an award of attorney fees is appropriate
19 under *Brunzell v. Golden Gate Nat. Bank*, 85 Nev. 345, 455 P.2d 31 (1969) and
20 *Wright v. Osburn*, 114 Nev. 1367, 970 P.2d 1071 (1998), because they were
21 satisfied by Counsel’s Memorandum. The factors addressed by those cases,
22 prerequisite to an award of attorney fees, were set forth in the moving points and
23 authorities with specificity. The request for fees of Plaintiff’s attorney and staff was
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1 reasonable and necessary. Having determined that the Movant is entitled to an
2 award of fees, the court next turns its attention to the amount of the award.

3
4 The Court has great discretion regarding its decision to award fees and
5 regarding the amount of fees granted. The Court's discretion is "tempered only by
6 reason and fairness." *Albios v. Horizon Communities, Inc.*, 122 Nev. 409, 427, 132
7 P.3d 1022, 1034 (2006) (quoting *University of Nevada v. Tarkanian*, 110 Nev. 581,
8 591, 879 P.2d 1180, 1186 (1994)).

9
10 "In determining the amount of fees to award, the [district] court is not limited
11 to one specific approach; its analysis may begin with any method rationally
12 designed to calculate a reasonable amount, so long as the requested amount is
13 reviewed in light of the" *Brunzell* factors. *Logan v. Abe*, 131 Nev. 260, 266, 350
14 P.3d 1139, 1143 (2015) (citing *Haley v. Eighth Judicial Dist. Court*, 128 Nev. 171,
15 273 P.3d 855, 860 (2012) (internal quotations omitted)).
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1 The Supreme Court in *Brunzell v. Golden Gate National Bank*, 85 Nev. 345,
2 349–50, 455 P.2d 31, 33 (1969) gave guidance on how a Court is to determine the
3 reasonable value of the work performed by a Movant’s Counsel.¹ *Brunzell* directs
4 Courts to consider the following when determining a reasonable amount of attorney
5 fees to award:
6

7 (1) the qualities of the advocate: his ability, his training, education,
8 experience, professional standing and skill; (2) the character of the
9 work to be done: its difficulty, its intricacy, its importance, time
10 and skill required, the responsibility imposed and the prominence
11 and character of the parties where they affect the importance of the
12 litigation; (3) the work actually performed by the lawyer: the skill,
time and attention given to the work; (4) the result: whether the
attorney was successful and what benefits were derived.

13 *Id.* (internal quotation marks omitted). In addition to the *Brunzell* factors, the court
14 must evaluate the disparity of income between parties to family law matters.
15
16 *Wright v. Osburn*, 114 Nev. 1367, 1370, 970 P.2d 1071, 1073 (1998).]

17 The Court can follow any rational method so long as it applies the *Brunzell*
18 factors; it is not confined to authorizing an award of attorney fees exclusively from
19 billing records or hourly statements. *Logan v. Abe*, 131 Nev. 260, 266, 350 P.3d
20 1139, 1143 (2015); *Shuette v. Beazer Homes Holdings Corp.*, 121 Nev. 837, 864,
21 124 P.3d 530, 549 (2005) (approving awards based on a “lodestar” amount, as well
22 as a contingency fee arrangement). Although the Court must “expressly analyze
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25
26 ¹ The court must determine the reasonable rates for all persons for whose time a party seeks
27 reimbursement, including partners, associates, paralegals, and law clerks, etc. See *LVMPD v.*
28 *Yeghiazarian*, 129 Nev. 760, 770, 312 P.3d 503, 510 (2013).

1 each factor”, no single factor should be given undue weight. *Logan v. Abe*, 131
2 Nev. 260, 266, 350 P.3d 1139, 1143 (2015); *Brunzell*, 85 Nev. at 349-50, 455 P.2d
3 at 33.
4

5 After determining the reasonable value of an attorney’s services analyzing
6 the factors established in *Brunzell*, the Court must then provide sufficient reasoning
7 and findings concerning those factors in its Order. *Shuette v. Beazer Homes*
8 *Holdings Corp.*, 121 Nev. 837, 865, 124 P.3d 530, 549 (2005). The Court’s
9 decision must be supported by “substantial evidence.” *Logan v. Abe*, 131 Nev. 260,
10 266, 350 P.3d 1139, 1143 (2015).
11
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13 Substantial evidence supporting a request for fees must be presented to the
14 Court by “affidavits, unsworn declarations under penalty of perjury, depositions,
15 answers to interrogatories, [or] admissions on file”. *EDCR 2.21(a)*. Sworn
16 statements submitted pursuant to *EDCR 2.21(a)* must be sufficient to satisfy *NRCP*
17 *56(e)*. *EDCR 2.21(c)*. Unsworn statements of Counsel and conclusory statements
18 in pleadings not otherwise presented in compliance with *EDCR 2.21(a)* may not be
19 considered by the Court. The Supreme Court has confirmed that the *Brunzell*
20 factors must be presented by affidavit or other competent evidence. *Miller v.*
21 *Wilfong*, 121 Nev. 619, 624, 119 P.3d 727, 730 (2005); *Katz v. Incline Vill. Gen.*
22 *Improvement Dist.*, 452 P.3d 411 (Nev. 2019), *cert. denied*, 141 S. Ct. 253, 208 L.
23 Ed. 2d 26 (2020) (citing *Herbst v. Humana Health Ins. of Nev., Inc.*, 105 Nev. 586,
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1 591, 781 P.2d 762, 765 (1989) (holding that an affidavit documenting the hours of
2 work performed, the length of litigation, and the number of volumes of appendices
3 on appeal was sufficient evidence to enable the court to make a reasonable
4 determination of attorney fees, even in the absence of a detailed billing statement);
5 *Cooke v. Gove*, 61 Nev. 55, 57, 114 P.2d 87, 88 (1941) (upholding
6 an award of attorney fees based on, among other evidence, two depositions from
7 attorneys testifying about the value of the services rendered)). An award that is not
8 based on such substantial evidence is subject to reversal, as the court will have no
9 factual basis on which to base its decision. *Beattie v. Thomas*, 99 Nev. 579, 668
10 P.2d 268 (1983).
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14 In the instant matter, Movant provided the court with the following sworn
15 testimony and other evidence: Plaintiff's Memorandum of Attorney's Fees and
16 Costs filed on April 14, 2021. Movant argues each *Brunzell* factor as follows:
17

18 **1. The Qualities of the Advocate**

19 The breakdown of factors under *Brunzell* for Amanda M. Roberts, Esq., are
20 as follows:
21

- 22 a. She has been practicing law since 2005.
- 23 b. She has focused her practice primarily around family law.
- 24 c. She is in good standing with the State Bar of Nevada.
- 25 d. She participated in a weekly radio show geared at the Clark
County community, focused on issues relative to family law.
- 26 e. Yearly, she attends continuing legal education classes to stay
abreast of changes in the area of family law.

- 1 f. She has drafted Motions, argued before the District Court
2 Judges and Hearing Masters on issues related to domestic
3 violence/custody/divorce/ adoption/termination of parental
4 rights, brought and defended individuals at Evidentiary
5 Hearings and Evidentiary Hearings. Additionally, Counsel
6 has taken cases on Appeal to the Supreme Court of Nevada.
7 g. She sat *pro tem* for the Hearing Master related to Protection
8 Orders.
9 h. She has been appointed by the Court in the capacity as a
10 Guardian Ad Litem, CAP Attorney, Guardianship
11 Investigator, and Parenting Coordinator.
12 i. The work actually preformed by Ms. Roberts and her staff
13 was reasonably related to Cesar's refusal to cooperate in
14 discovery in this matter. The work was not overly
15 complicated, but time consuming because it required Ms.
16 Roberts to detail deficiencies in the discovery responses and
17 outline differences between the discovery requests and those
18 actually transcribed by Cesar's Counsel and/or his staff.

13 2. The Character of the Work

14 The discovery requests are important to the claims and defenses asserted by
15 the Movant regarding child custody and financial issues; the work is not overly
16 difficult and readily known to Movant's Counsel who practices primarily in the
17 arear of family law; and the time required to complete the work was laid out in
18 detail in the Memorandum of Fees and Costs, incorporated herein by reference.

21 3. The Work Performed

22 Movant's Counsel did the following work related to the requests herein:

- 23 a. Emily served discovery requests upon Bradley and he failed
24 to respond.
25 b. Emily's Counsel attempted to garner Bradley's cooperation
26 and compliance with regards to responding to the outstanding
27 discovery requests to no avail. Emily's Counsel sent detailed

1 correspondence outlining Bradley's outstanding discovery
2 responses.

- 3 c. Emily's Counsel set a Discovery Dispute Conference which
4 Bradley failed to participate in despite Ms. Roberts calls and
5 email to him at the designated time.
- 6 d. Bradley still failed to provide response to the discovery
7 requests.
- 8 e. Emily's discovery requests were properly served upon
9 Bradley.
- 10 f. Emily's Motion to Compel discovery was properly served
11 upon Bradley.
- 12 g. Bradley failed to file any response to the Motion to Compel
13 discovery and request for attorney's fees.

14 **4. The Result**

15 Movant prevailed on the requests and the Discovery Commission issued
16 recommendations that were adopted as Orders of the Court which favored Movant's
17 position in this matter.

18 **5. Disparity in Income (Only in Family Law Matters)**

19 In this matter, the Court issued a finding that Bradley's income is \$18,000.00
20 per month (*see Order* filed January 24, 2021). In contrast, Emily's income is
21 \$980.97 per month without taking consideration child support and spousal support,
22 which is not being paid by Bradley, although Ordered. Therefore, it is alleged that
23 the disparity in income is significant to require Bradley's to pay attorney fees and
24 costs.

25 Movant provided evidence suggesting Amanda M. Roberts, Esq., spent 6.5
26 hours at the rate of \$375.00 per hour on matters related to the activities for which
27

1 the Court Ordered an award of fees. Movant provided evidence suggesting Holli
2 Miller spent 0.08 hours at the rate of \$150.00 per hour on matters related to the
3 activities for which the court ordered an award of fees. Movant provided evidence
4 suggesting Colleen O'Brien. spent 4.5 hours at the rate of \$150.00 per hour on
5 matters related to the activities for which the court ordered an award of fees Movant
6 asks the court for an award of \$3,239.50 of attorney fees. Defendant did not oppose the
7 sufficiency of evidence or the amount of fees and costs requested by Plaintiff. JV
8

9 **II. RECOMMENDATIONS**

10 The Court has reviewed Memorandum of Costs and Disbursements filed on
11 April 14, 2021, and finds:

12 ✓ Movant has adequately addressed the factors required by *Brunzell*
13 and its progeny. Movant has detailed the qualities of the advocate, the character of
14 the work performed, the actual work performed by the attorney, including skilled
15 time and attention given to the work, and the result. Movant has provided
16 competent evidence in support of Movant's request for fees.
17

18 Movant has not adequately addressed the factors required by
19 *Brunzell* and its progeny. Movant has not detailed the qualities of the advocate, the
20 character of the work performed, the actual work performed by the attorney,
21 including skilled time and attention given to the work, and the result sufficiently.
22 Movant has not provided sufficient competent evidence in support of Movant's
23 request for fees.
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1 IT IS THEREFORE RECOMMENDED the analysis required under *EDCR*
2 § 5.602 (e); *Brunzell v. Golden Gate Nat. Bank*, 85 Nev. 345, 455 P.2d 31 (1969);
3
4 *Beattie v. Thomas*, 99 Nev. 579, 668 P.2d 268 (1983); *Wright v. Osburn*, 114 Nev.
5 1367, 1370, 970 P.2d 1071, 1073 (1998)

6 ☒ was satisfied.

7 ~~_____ was not satisfied.~~^{JV} The factors addressed by those case(s), prerequisite
8
9 to an award of attorney fees, were set forth in the Motion with specificity as
10 addressed above.

11 IT IS FURTHER RECOMMENDED the court finds the fees charged by
12
13 Movant's counsel in this matter

14 ☒ were necessary to the matter and are reasonable in the marketplace
15 given the experience and qualities of the advocates. Accordingly, an award of
16 attorney fees is GRANTED the amount of \$2,659.50
17

18 _____ were not proven necessary and reasonable. Accordingly, an award of
19 attorney fees is DENIED.

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1 The Discovery Commissioner, having met with counsel for the parties,
2 discussed the issues noted above, and having reviewed any materials proposed in
3 support thereof, hereby submits the above recommendations.
4

5 DATED this 2nd day of September, 2021.

6
7 
DISCOVERY COMMISSIONER

8 Submitted by:

Bellisario v. Bellisario, Case No. D-20-605263-D

9 **ROBERTS STOFFEL FAMILY LAW GROUP**

10
11 By: 

Amanda M. Roberts, Esq.
State of Nevada Bar No. 9294
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EMAIL: efile@lvfamilylaw.com
Attorneys for Plaintiff, Emily Bellisario

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3 **EIGHTH JUDICIAL DISTRICT COURT**
4 **CLARK COUNTY, NEVADA**
5
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7 EMILY BELLISARIO,
8 Plaintiff,
9

10 vs.

11 BRADLEY JOHN BELLISARIO,
12 Defendant
13
14

Case No.: D-20-605263-D

Dept No.: P / Discovery

15 **NOTICE**

16 Pursuant to NRCP 16.3(c)(2), you are hereby notified that within
17
18 fourteen (14) days of being served with a report, any party may file and serve
19 written objections to the recommendations. Written authorities may be filed with
20 an objection, but are not mandatory. If written authorities are filed, any other party
21 may file and serve responding party within seven (7) days after being served with
22 objections.
23

24 A copy of foregoing Discovery Commissioner's Report and
25 Recommendations was:
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28

1 ___ Mailed to Plaintiff/Defendant on the ___ day of ___, 2021, to the
2 following address:
3

4 ☒ Electronically filed and served on the 2nd day of Sept, 2021

5 Amanda Roberts, Esq. - efile@lvfamilylaw.com

6 Bradley John Bellisario (Pro-Se) - bradb@bellisariolaw.com
7

8 The Discovery Commissioner's Report and Recommendation is
9 deemed received at the time it is e-served to a party or the party's attorney.
10

11 Alternatively, the Discovery Commissioner's Report and Recommendation is
12 deemed received three (3) days after mailing to a party or a party's attorney; or
13 three (3) days after the Clerk of the Court deposits a copy of the Report and
14 Recommendations in a folder of the party's attorney in the Clerk's Office. EDCR
15 2.34(f).
16
17

18 Dated this 2nd day of Sept, 2021.
19

20 Tracy George
21 Commissioner Designee
22
23
24
25
26
27
28

1 CSERV

2 DISTRICT COURT
3 CLARK COUNTY, NEVADA
4

5
6 Emily Bellisario, Plaintiff

CASE NO: D-20-605263-D

7 vs.

DEPT. NO. Department P

8 Bradley John Bellisario,
9 Defendant.

10
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District
13 Court. The foregoing Order was served via the court's electronic eFile system to all
recipients registered for e-Service on the above entitled case as listed below:

14 Service Date: 9/20/2021

15 Amanda Roberts

efile@lvfamilylaw.com

16 Bradley Bellisario

bradb@bellisariolaw.com

17 Bradley Bellisario

bradb@bellisariolaw.com

18 Linda Bell

dept07lc@clarkcountycourts.us

FDF

Name: Joe W. Riccio, Esq.

Address: 5594 South Fort Apache Road, #120
Las Vegas, Nevada 89148

Phone: (702) 629-7553

Email: joseph@vegaswestattorneys.com

Attorney for Plaintiff

Nevada State Bar No. 10971

Electronically Filed
3/9/2020 2:15 PM
Steven D. Grierson
CLERK OF THE COURT

Steven D. Grierson

Eighth Judicial District Court

Clark County, Nevada

<u>Emily Bellisario,</u> Plaintiff,	Case No. <u>D-20-605263-D</u>
vs. <u>Bradley Bellisario</u> Defendant.	Dept. <u>P</u>

GENERAL FINANCIAL DISCLOSURE FORM

A. Personal Information:

1. What is your full name? (*first, middle, last*) Emily Bellisario
2. How old are you? 31 years old.
3. What is your date of birth? 7/24/1988
4. What is your highest level of education? Some college.

B. Employment Information:

1. Are you currently employed/ self-employed? (☒ check one)
☐ No
☒ Yes If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)
2015	Alid Flooring	Remote Assistant	Monday & Friday	2:00 p.m. to 7:00 p.m.

2. Are you disabled? (☒ check one)

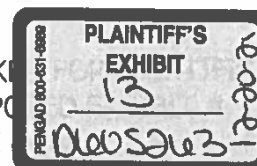
- ☒ No
☐ Yes

If yes, what is your level of disability? _____
What agency certified you disabled? _____
What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: _____ Date of Hire: _____ Date of Termination: _____
Reason for Leaving: _____

MARK
PROP
CASE



ATION

Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending _____ my gross year to date pay is _____.

B. Determine your Gross Monthly Income.

Hourly Wage

\$7.25	×	30.00	=	\$217.50	×	52	=	\$11,310.00	÷	12	=	\$942.50
Hourly Wage		Number of hours worked per week		Weekly Income		Weeks		Annual Income		Months		Gross Monthly Income

Annual Salary

	÷	12	=	\$0.00
Annual Income		Months		Gross Monthly Income

C. Other Sources of Income.

Source of Income	Frequency	Amount	12 Month Average
Annuity or Trust Income			
Bonuses			
Car, Housing, or Other allowance:			
Commissions or Tips:			
Net Rental Income:			
Overtime Pay			
Pension/Retirement:			
Social Security Income (SSI):			
Social Security Disability (SSD):			
Spousal Support			
Child Support			
Workman's Compensation			
Other:			
Total Average Other Income Received			\$0.00

Total Average Gross Monthly Income (add totals from B and C above)	\$942.50
--	----------

D. Monthly Deductions

	Type of Deduction	Amount
1.	Court Ordered Child Support (automatically deducted from paycheck)	0.00
2.	Federal Health Savings Plan	0.00
3.	Federal Income Tax	0.00
4.	Health Insurance Amount for you: \$50.00 For Opposing Party: For your Child(ren): \$45.00	95.00
5.	Life, Disability, or Other Insurance Premiums	0.00
6.	Medicare	12.85
7.	Retirement, Pension, IRA, or 401(k)	0.00
8.	Savings	0.00
9.	Social Security	55.00
10.	Union Dues	0.00
11.	Other: (Type of Deduction)	0.00
Total Monthly Deductions (Lines 1-11)		162.85

Business/Self-Employment Income & Expense Schedule

A. Business Income:

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
\$ _____

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fees			
Business Entertainment/Travel			
Insurance			
Legal and professional			
Mortgage or Rent			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and licenses (include est. tax payments)			
Utilities			
Other:			
Total Average Business Expenses			0.00

Personal Expense Schedule (Monthly)

- A. Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount I Pay	For Me <input type="checkbox"/>	Other Party <input type="checkbox"/>	For Both <input type="checkbox"/>
Alimony/Spousal Support	0.00			
Auto Insurance	200.00			<input checked="" type="checkbox"/>
Car Loan/Lease Payment	420.00	<input checked="" type="checkbox"/>		
Cell Phone	100.00	<input checked="" type="checkbox"/>		
Child Support (not deducted from pay)	0.00			
Clothing, Shoes, Etc...	0.00			
Credit Card Payments (minimum due)	200.00	<input checked="" type="checkbox"/>		
Dry Cleaning	0.00			
Electric	190.00	<input checked="" type="checkbox"/>		
Food (groceries & restaurants)	600.00	<input checked="" type="checkbox"/>		
Fuel	180.00	<input checked="" type="checkbox"/>		
Gas (for home)	35.00	<input checked="" type="checkbox"/>		
Health Insurance (not deducted from pay)	0.00			
HOA	52.00	<input checked="" type="checkbox"/>		
Home Insurance (if not included in mortgage)	0.00			
Home Phone	0.00			
Internet/Cable	100.00	<input checked="" type="checkbox"/>		
Lawn Care	150.00	<input checked="" type="checkbox"/>		
Membership Fees	120.00	<input checked="" type="checkbox"/>		
Mortgage/Rent/Lease	1,011.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Pest Control	50.00	<input checked="" type="checkbox"/>		
Pets	50.00	<input checked="" type="checkbox"/>		
Pool Service	80.00	<input checked="" type="checkbox"/>		
Property Taxes (if not included in mortgage)	0.00			
Security	40.00	<input checked="" type="checkbox"/>		
Sewer	40.00	<input checked="" type="checkbox"/>		
Student Loans	0.00			
Unreimbursed Medical Expense	0.00			
Water	80.00	<input checked="" type="checkbox"/>		
Other:				
Total Monthly Expenses	3,698.00			

Household Information

- A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

	Child's Name	Child's DOB	Whom is this child living with?	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 st	Brayden Bellisario	1/15/15	Mom	Yes	No
2 nd	Blake Bellisario	11/20/16	Mom	Yes	No
3 rd	Brooklyn Bellisario	2/1/18	Mom	Yes	No
4 th					

- B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	1 st Child	2 nd Child	3 rd Child	4 th Child
Cellular Phone	0.00	0.00	0.00	
Child Care	0.00	0.00	0.00	
Clothing	50.00	50.00	50.00	
Education	0.00	0.00	0.00	
Entertainment	50.00	50.00	50.00	
Extracurricular & Sports	50.00	50.00	50.00	
Health Insurance (if not deducted from pay)	0.00	0.00	0.00	
Summer Camp/Programs	0.00	0.00	0.00	
Transportation Costs for Visitation	0.00	0.00	0.00	
Unreimbursed Medical Expenses	250.00	100.00	0.00	
Vehicle	0.00	0.00	0.00	
Other:	0.00	0.00	0.00	
Total Monthly Expenses	400.00	250.00	150.00	0.00

- C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	1913 Sondrio-Real Estate	\$ 300,000.00	-	\$ 127,000.00	=	\$ 173,000.00	Mine
2.	Wells Fargo Checking	\$ 50.00	-	\$ 0.00	=	\$ 50.00	Both
3.	Wells Fargo Savings	\$ 50.00	-	\$ 0.00	=	\$ 50.00	Both
4.		\$	-	\$	=	\$ 0.00	
5.		\$	-	\$	=	\$ 0.00	
6.		\$	-	\$	=	\$ 0.00	
7.		\$	-	\$	=	\$ 0.00	
8.		\$	-	\$	=	\$ 0.00	
9.		\$	-	\$	=	\$ 0.00	
10.		\$	-	\$	=	\$ 0.00	
11.		\$	-	\$	=	\$ 0.00	
12.		\$	-	\$	=	\$ 0.00	
13.		\$	-	\$	=	\$ 0.00	
14.		\$	-	\$	=	\$ 0.00	
15.		\$	-	\$	=	\$ 0.00	
Total Value of Assets (add lines 1-15)		\$ 300,100.00	-	\$ 127,000.00	=	\$ 173,100.00	

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	Chase United credit card	\$ 4,908.00	Plaintiff
2.	Bank of America credit card #1	\$ 2,938.00	Plaintiff
3.	Bank of America credit card #2	\$ 910.00	Plaintiff
4.		\$	
5.		\$	
6.		\$	
Total Unsecured Debt (add lines 1-6)		\$ 8,756.00	

CERTIFICATION

Attorney Information: Complete the following sentences:

1. I (have/have not) have retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$ _____ on my behalf.
3. I have a credit with my attorney in the amount of \$ _____.
4. I currently owe my attorney a total of \$ _____.
5. I owe my prior attorney a total of \$ _____.

IMPORTANT: Read the following paragraphs carefully and initial each one.

☒ 4/10 I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

☒ 9/3 I have attached a copy of my 3 most recent pay stubs to this form.

☐ I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.

☐ I have not attached a copy of my pay stubs to this form because I am currently unemployed.

☒ [Signature]
Signature

☒ 3/9/2020
Date

CERTIFICATE OF SERVICE

I hereby declare under the penalty of perjury of the State of Nevada that the following is true and correct:

That on (date) 9th day of March 2020, service of the General Financial Disclosure Form was made to the following interested parties in the following manner:

☒ Via 1st Class U.S. Mail, postage fully prepaid addressed as follows:

Bradley Bellisario: 7495 West Azure Blvd., #258, Las Vegas, NV 89130

☐ Via Electronic Service, in accordance with the Master Service List, pursuant to NEFCR 9, to:

☐ Via Facsimile and/or Email Pursuant to the Consent of Service by Electronic Means on file herein to: _____

Executed on the 9th day of March, 2020.



Signature

Statement of Earnings For: EMILY CARDONA						AAA FLOORING INC (0180TJ31)					
Employee #: 1		Division:		Period Begin: 2/16/2020		Check Date: 2/28/2020		1565 W. Brooks Ave			
Clock Number:		Department: 200		Period End: 2/22/2020				NORTH LAS VEGAS, NV 89032			
SSN: XXX-XX-1546		Federal Filing: Married		Exemptions: 0		Additional Tax:					
Company Id: 0180TJ31		State Filing:		Exemptions: 0		Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V54569800		\$0.00		\$217.50		\$181.56					
EARNINGS						TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary		30.00	217.50	270.00	1,957.50	SOC SEC EE	12.19	109.91	Dental Pre Tax	17.56	158.04
						MED EE	2.85	25.70	Vision Pre-tax	3.34	26.72
									Vol LifePostTax	0.00	6.18
									AD&D PostTax	0.00	0.70
Total:						Total:			Total:		
30.00 217.50 270.00 1,957.50						15.04 135.61			20.90 191.64		
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking Account: ###9476 Deposit Amount: 181.56					

AAA FLOORING INC (0180TJ31)
1565 W. Brooks Ave
NORTH LAS VEGAS, NV 89032

CHECK DATE	VOUCHER ID
2/28/2020	V54569800

Your entire Net pay of \$181.56 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$181.56

1 200

EMILY CARDONA
1913 SONDRIO DR
LAS VEGAS, NV 89134

NOT NEGOTIABLE

AA3589

Statement of Earnings For: EMILY CARDONA						AAA FLOORING INC (0180TJ31)					
Employee #: 1		Division:		Period Begin: 2/9/2020		Check Date: 2/21/2020		1565 W. Brooks Ave			
Clock Number:		Department: 200		Period End: 2/15/2020				NORTH LAS VEGAS, NV 89032			
SSN: XXX-XX-1546		Federal Filing: Married		Exemptions: 0		Additional Tax:					
Company Id: 0180TJ31		State Filing:		Exemptions: 0		Additional Tax:					
Voucher Id	Check Amount	Gross Pay		Net Pay		Check Message					
V54311989	\$0.00	\$217.50		\$181.56							
EARNINGS						TAXES		DEDUCTIONS			
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary		30.00	217.50	240.00	1,740.00	SOC SEC EE	12.19	97.72	Dental Pre Tax	17.56	140.48
						MED EE	2.85	22.85	Vision Pre-tax	3.34	23.38
									Vol LifePostTax	0.00	6.18
									AD&D PostTax	0.00	0.70
Total:						Total:	15.04	120.57	Total:	20.90	170.74
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking	Account: ###9476	Deposit Amount:	181.56		

AAA FLOORING INC (0180TJ31)
1565 W. Brooks Ave
NORTH LAS VEGAS, NV 89032

CHECK DATE	VOUCHER ID
2/21/2020	V54311989

Your entire Net pay of \$181.56 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$181.56

1 200

EMILY CARDONA
1913 SONDRIO DR
LAS VEGAS, NV 89134

NOT NEGOTIABLE

AA3590

Statement of Earnings For: EMILY CARDONA						AAA FLOORING INC (0180TJ31)					
Employee #: 1		Division:		Period Begin: 2/2/2020		Check Date: 2/14/2020		1565 W. Brooks Ave			
Clock Number:		Department: 200		Period End: 2/8/2020		Additional Tax:		NORTH LAS VEGAS, NV 89032			
SSN: XXX-XX-1546		Federal Filing: Married		Exemptions: 0		Additional Tax:					
Company Id: 0180TJ31		State Filing:		Exemptions: 0		Additional Tax:					
Voucher Id	Check Amount	Gross Pay		Net Pay		Check Message					
V54109282	\$0.00	\$217.50		\$181.56							
EARNINGS						TAXES			DEDUCTIONS		
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary		30.00	217.50	210.00	1,522.50	SOC SEC EE	12.19	85.53	Dental Pre Tax	17.56	122.92
						MED EE	2.85	20.00	Vision Pre-tax	3.34	20.04
									Vol LifePostTax	0.00	6.18
									AD&D PostTax	0.00	0.70
Total:						Total:	15.04	105.53	Total:	20.90	149.84
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking	Account: ###9476		Deposit Amount: 181.56		

AAA FLOORING INC (0180TJ31)
1565 W. Brooks Ave
NORTH LAS VEGAS, NV 89032

CHECK DATE	VOUCHER ID
2/14/2020	V54109282

Your entire Net pay of \$181.56 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$181.56

1 200

EMILY CARDONA
1913 SONDRIO DR
LAS VEGAS, NV 89134

NOT NEGOTIABLE

AA3591

FDF

Name: Amanda M Roberts
Address: 4411 South Pecos Rd
Las Vegas Nevada, 89121
Phone: 702-474-7007
Email: efile@lvfamilylaw.com
Attorney for Plaintiff
Nevada State Bar No. 9294

Electronically Filed
12/23/2020 8:14 AM
Steven D. Grierson
CLERK OF THE COURT

Steven D. Grierson

Eighth Judicial District Court

Clark County, Nevada

<u>Emily Bellisario</u> Plaintiff,	Case No. <u>D-20-605263-D</u>
vs. <u>Bradely Bellisario</u> Defendant.	Dept. <u>P</u>

GENERAL FINANCIAL DISCLOSURE FORM

A. Personal Information:

1. What is your full name? (first, middle, last) Emily Bellisario
2. How old are you? 32
3. What is your date of birth? 07/24/1988
4. What is your highest level of education? Some College

B. Employment Information:

1. Are you currently employed/ self-employed? (☒ check one)
☐ No
☒ Yes If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)
10/2016	Allie Flooring	Office Help	Flexible	Flexible

2. Are you disabled? (☒ check one)

☒ No

☐ Yes

If yes, what is your level of disability? _____

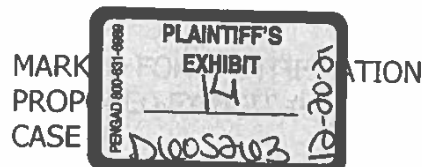
What agency certified you disabled? _____

What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: _____ Date of Hire: _____ Date of Termination: _____

Reason for Leaving: _____



Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending 12/12/20 my gross year to date pay is \$11,092.50.

B. Determine your Gross Monthly Income.

Hourly Wage

	×		=	\$0.00	×	52	=	\$0.00	÷	12	=	\$0.00
Hourly Wage		Number of hours worked per week		Weekly Income		Weeks		Annual Income		Months		Gross Monthly Income

Annual Salary

\$11,771.63	÷	12	=	\$980.97
Annual Income		Months		Gross Monthly Income

C. Other Sources of Income.

Source of Income	Frequency	Amount	12 Month Average
Annuity or Trust Income			
Bonuses			
Car, Housing, or Other allowance:			
Commissions or Tips:			
Net Rental Income:			
Overtime Pay			
Pension/Retirement:			
Social Security Income (SSI):			
Social Security Disability (SSD):			
Spousal Support			
Child Support		\$0.00	\$0.00
Workman's Compensation			
Other: SNAP	Monthly	\$8,160.00	\$680.00
Total Average Other Income Received			\$680.00

Total Average Gross Monthly Income (add totals from B and C above)	\$1,660.97
--	------------

*Plaintiff's Father loans her money monthly so that she can make her monthly bills *

D. Monthly Deductions

	Type of Deduction	Amount
1.	Court Ordered Child Support (automatically deducted from paycheck)	
2.	Federal Health Savings Plan	
3.	Federal Income Tax	
4.	Health Insurance Amount for you: _____ For Opposing Party: _____ For your Child(ren): _____	0.00
5.	Life, Disability, or Other Insurance Premiums	9.00
6.	Medicare	13.00
7.	Retirement, Pension, IRA, or 401(k)	
8.	Savings	
9.	Social Security	55.00
10.	Union Dues	
11.	Other: (Type of Deduction)	
Total Monthly Deductions (Lines 1-11)		77.00

Business/Self-Employment Income & Expense Schedule

A. Business Income:

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
\$ _____

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fees			
Business Entertainment/Travel			
Insurance			
Legal and professional			
Mortgage or Rent			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and licenses (include est. tax payments)			
Utilities			
Other:			
Total Average Business Expenses			0.00

Personal Expense Schedule (Monthly)

A. Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount I Pay	For Me	Other Party	For Both
Alimony/Spousal Support				
Auto Insurance				
Car Loan/Lease Payment				
Cell Phone	165.00	✓		
Child Support (not deducted from pay)				
Clothing, Shoes, Etc...	50.00	✓		
Credit Card Payments (minimum due)	545.00	✓		
Dry Cleaning				
Electric	180.00	✓		
Food (groceries & restaurants)	1,200.00	✓		
Fuel	150.00	✓		
Gas (for home)	58.00	✓		
Health Insurance (not deducted from pay)				
HOA	50.00			
Home Insurance (if not included in mortgage)				
Home Phone				
Internet/Cable	120.00	✓		
Lawn Care	95.00	✓		
Membership Fees	15.00	✓		
Mortgage/Rent/Lease	1,100.00	✓		
Pest Control	50.00	✓		
Pets				
Pool Service	90.00	✓		
Property Taxes (if not included in mortgage)				
Security				
Sewer	36.50	✓		
Student Loans				
Unreimbursed Medical Expense	25.00	✓		
Water	80.00	✓		
Other: Trash	51.00	✓		
Total Monthly Expenses	4,060.50			

Household Information

- A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

	Child's Name	Child's DOB	Whom is this child living with?	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 st	Brayden	01/15/15	Plaintiff	yes	no
2 nd	Blake	11/20/16	Plaintiff	yes	no
3 rd	Brooklyn	02/01/20	Plaintiff	yes	no
4 th					

- B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	1 st Child	2 nd Child	3 rd Child	4 th Child
Cellular Phone				
Child Care	200.00	200.00	200.00	
Clothing	100.00	100.00	100.00	
Education	120.00			
Entertainment	40.00	40.00	40.00	
Extracurricular & Sports				
Health Insurance (if not deducted from pay)				
Summer Camp/Programs				
Transportation Costs for Visitation				
Unreimbursed Medical Expenses	500.00	50.00	150.00	
Vehicle				
Other:				
Total Monthly Expenses	960.00	390.00	490.00	0.00

- C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value	Total Amount Owed	Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	House	\$ 350,000.00	- \$ 127,210.85	= \$ 222,789.15	Emily
2.	Bank of Nevada #3541	\$ 200.00	- \$	= \$ 200.00	Emily
3.	Bank of America Checking	\$ 133.00	- \$	= \$ 133.00	Emily
4.	2018 Ford Explorer	\$	- \$	= \$ 0.00	Bradley
5.		\$	- \$	= \$ 0.00	
6.		\$	- \$	= \$ 0.00	
7.		\$	- \$	= \$ 0.00	
8.		\$	- \$	= \$ 0.00	
9.		\$	- \$	= \$ 0.00	
10.		\$	- \$	= \$ 0.00	
11.		\$	- \$	= \$ 0.00	
12.		\$	- \$	= \$ 0.00	
13.		\$	- \$	= \$ 0.00	
14.		\$	- \$	= \$ 0.00	
15.		\$	- \$	= \$ 0.00	
Total Value of Assets (add lines 1-15)		\$ 350,333.00	- \$ 127,210.85	= \$ 223,122.15	

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	Bank of America Gold	\$ 2,364.54	Emily
2.	Bank of America	\$ 2,684.09	Emily
3.	Chase Freedom	\$ 1,172.73	Emily
4.	Chase United	\$ 5,794.20	Emilly
5.	ACIMA	\$ 2,986.48	Emily
6.		\$	
Total Unsecured Debt (add lines 1-6)		\$ 15,002.04	

CERTIFICATION

Attorney Information: Complete the following sentences:

1. I (have/have not) have retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$ 15000 on my behalf.
3. I have a credit with my attorney in the amount of \$ _____.
4. I currently owe my attorney a total of \$ _____.
5. I owe my prior attorney a total of \$ _____.

IMPORTANT: Read the following paragraphs carefully and initial each one.

EB I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

EB I have attached a copy of my 3 most recent pay stubs to this form.

_____ I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.

_____ I have not attached a copy of my pay stubs to this form because I am currently unemployed.

/s/ Emily Bellisario
Signature

12/23/20
Date

CERTIFICATE OF SERVICE

I hereby declare under the penalty of perjury of the State of Nevada that the following is true and correct:

That on (date) 12-23-2020, service of the General Financial

Disclosure Form was made to the following interested parties in the following manner:

☐ Via 1st Class U.S. Mail, postage fully prepaid addressed as follows:

☒ Via Electronic Service, in accordance with the Master Service List, pursuant to NEFCR 9, to:

Bradb@bellisariolaw.com

☐ Via Facsimile and/or Email Pursuant to the Consent of Service by Electronic Means on file

herein to: _____

Executed on the 23 day of Dec, 2020

CB Baier
Signature

Statement of Earnings For: EMILY CARDONA						AAA FLOORING INC (0180TJ31)					
Employee #: 1		Division: 200		Period Begin: 12/6/2020		Check Date: 12/18/2020		1565 W. Brooks Ave			
Clock Number:		Department: 200		Period End: 12/12/2020				NORTH LAS VEGAS, NV 89032			
SSN: XXX-XX-1546		Federal Filing: Married		Exemptions: 0		Additional Tax:					
Company Id: 0180TJ31		State Filing:		Exemptions: 0		Additional Tax:					
Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V63716648		\$0.00		\$217.50		\$181.56					
EARNINGS						TAXES		DEDUCTIONS			
*Not Included in Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary		30.00	217.50	1,530.00	11,092.50	SOC SEC EE	12.19	621.86	Dental Pre Tax	17.56	895.56
						MED EE	2.85	145.43	Vision Pre-tax	3.34	167.00
									Vol LifePostTax	0.00	37.08
									AD&D PostTax	0.00	4.20
Total:						Total:		Total:		Total:	
30.00 217.50 1,530.00 11,092.50						15.04 767.29		20.90 1,103.84			
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking Account: XXXXX9476 Deposit Amount: 181.56					

AAA FLOORING INC (0180TJ31)
1565 W. Brooks Ave
NORTH LAS VEGAS, NV 89032

CHECK DATE	VOUCHER ID
12/18/2020	V63716648

Your entire Net pay of \$181.56 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$181.56

1 200

EMILY CARDONA
1913 SONDRIO DR
LAS VEGAS, NV 89134

NOT NEGOTIABLE

AA3600

Statement of Earnings For: EMILY CARDONA						AAA FLOORING INC (0180TJ31) 1565 W. Brooks Ave NORTH LAS VEGAS, NV 89032					
Employee #: 1		Division: 200		Period Begin: 11/29/2020		Check Date: 12/11/2020					
Clock Number:		Department: 200		Period End: 12/5/2020							
SSN: XXX-XX-1546		Federal Filing: Married		Exemptions: 0		Additional Tax:					
Company Id: 0180TJ31		State Filing:		Exemptions: 0		Additional Tax:					
Voucher Id	Check Amount	Gross Pay		Net Pay		Check Message					
V63473927	\$0.00	\$217.50		\$181.56							
EARNINGS						TAXES			DEDUCTIONS		
*Not Included In Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary		30.00	217.50	1,500.00	10,875.00	SOC SEC EE	12.19	609.67	Dental Pre Tax	17.56	878.00
						MED EE	2.85	142.58	Vision Pre-tax	3.34	163.66
									Vol LifePostTax	0.00	37.08
									AD&D PostTax	0.00	4.20
Total:						Total:	15.04	752.25	Total:	20.90	1,082.94
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking	Account: XXXXX9476	Deposit Amount:	181.56		

AAA FLOORING INC (0180TJ31)
1565 W. Brooks Ave
NORTH LAS VEGAS, NV 89032

CHECK DATE	VOUCHER ID
12/11/2020	V63473927

Your entire Net pay of \$181.56 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$181.56

1 200
EMILY CARDONA
1913 SONDRIO DR
LAS VEGAS, NV 89134

NOT NEGOTIABLE

AA3601

Statement of Earnings For: EMILY CARDONA						AAA FLOORING INC (0180TJ31)					
Employee #: 1		Division: 200		Period Begin: 11/22/2020		Check Date: 12/4/2020		1565 W. Brooks Ave			
Clock Number:		Department: 200		Period End: 11/28/2020		Additional Tax:		NORTH LAS VEGAS, NV 89032			
SSN: XXX-XX-1546		Federal Filing: Married		Exemptions: 0		Additional Tax:					
Company Id: 0180TJ31		State Filing:		Exemptions: 0		Additional Tax:					
Voucher Id	Check Amount	Gross Pay		Net Pay		Check Message					
V63294135	\$0.00	\$217.50		\$178.12							
EARNINGS						TAXES			DEDUCTIONS		
*Not Included In Totals											
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary		30.00	217.50	1,470.00	10,657.50	SOC SEC EE	12.19	597.48	Dental Pre Tax	17.56	860.44
						MED EE	2.85	139.73	Vision Pre-Tax	3.34	160.32
									Vol LifePostTax	3.09	37.08
									AD&D PostTax	0.35	4.20
Total:	30.00		217.50	1,470.00	10,657.50	Total:	15.04	737.21	Total:	24.34	1,062.04
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking Account: XXXXX9476 Deposit Amount: 178.12					

AAA FLOORING INC (0180TJ31)
1565 W. Brooks Ave
NORTH LAS VEGAS, NV 89032

CHECK DATE	VOUCHER ID
12/4/2020	V63294135

Your entire Net pay of \$178.12 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$178.12

1 200
EMILY CARDONA
1913 SONDRIO DR
LAS VEGAS, NV 89134

NOT NEGOTIABLE

AA3602

FDF

Name: Amanda M. Roberts, Esq.
Address: 4411 S. Pecos Rd.
Las Vegas, Nevada 89121
Phone: 702-474-7007
Email: efile@lvfamilylaw.com
Attorney for Plaintiff
Nevada State Bar No. 9294

Electronically Filed
12/13/2021 5:22 PM
Steven D. Grierson
CLERK OF THE COURT

Steven D. Grierson

Eighth Judicial District Court
Clark County _____, Nevada

<u>Emily Bellisario</u> Plaintiff, vs. <u>Bradley Bellisario</u> Defendant.	Case No. <u>D-20-605263-D</u> Dept. <u>P</u>
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GENERAL FINANCIAL DISCLOSURE FORM

A. Personal Information:

1. What is your full name? (first, middle, last) Emily Bellisario
2. How old are you? 33
3. What is your date of birth? 07/24/1988
4. What is your highest level of education? Some College

B. Employment Information:

1. Are you currently employed/ self-employed? (☒ check one)
☐ No
☒ Yes If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)
10/2016	Allied Flooring	Office Help	Varies/Flexible	Varies/ Flexible

2. Are you disabled? (☒ check one)

☒ No
☐ Yes

If yes, what is your level of disability? _____
What agency certified you disabled? _____
What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: _____ Date of Hire: _____ Date of Termination: _____
Reason for Leaving: _____



Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending 12/5/2021 my gross year to date pay is 10,875.

B. Determine your Gross Monthly Income.

Hourly Wage

	×		=	\$0.00	×	52	=	\$0.00	÷	12	=	\$0.00
Hourly Wage		Number of hours worked per week		Weekly Income		Weeks		Annual Income		Months		Gross Monthly Income

Annual Salary

\$11,310.00	÷	12	=	\$942.50
Annual Income		Months		Gross Monthly Income

C. Other Sources of Income.

Source of Income	Frequency	Amount	12 Month Average
Annuity or Trust Income			
Bonuses			
Car, Housing, or Other allowance:			
Commissions or Tips:			
Net Rental Income:			
Overtime Pay			
Pension/Retirement:			
Social Security Income (SSI):			
Social Security Disability (SSD):			
Spousal Support			
Child Support			
Workman's Compensation			
Other: SNAP	Monthly	\$8,160.00	\$680.00
Total Average Other Income Received			\$680.00

Total Average Gross Monthly Income (add totals from B and C above)	\$1,622.50
--	------------

D. Monthly Deductions

	Type of Deduction	Amount
1.	Court Ordered Child Support (automatically deducted from paycheck)	
2.	Federal Health Savings Plan	
3.	Federal Income Tax	
4.	Health Insurance Amount for you: \$97.76 For Opposing Party: For your Child(ren):	97.76
5.	Life, Disability, or Other Insurance Premiums	
6.	Medicare	12.87
7.	Retirement, Pension, IRA, or 401(k)	
8.	Savings	
9.	Social Security	55.03
10.	Union Dues	
11.	Other: (Type of Deduction)	
Total Monthly Deductions (Lines 1-11)		165.66

Business/Self-Employment Income & Expense Schedule

A. Business Income:

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
\$ _____

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fees			
Business Entertainment/Travel			
Insurance			
Legal and professional			
Mortgage or Rent			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and licenses (include est. tax payments)			
Utilities			
Other:			
Total Average Business Expenses			0.00

Personal Expense Schedule (Monthly)

- A. Fill in the table with the amount of money **you** spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount I Pay	For Me <input type="checkbox"/>	Other Party <input type="checkbox"/>	For Both <input type="checkbox"/>
Alimony/Spousal Support				
Auto Insurance				
Car Loan/Lease Payment				
Cell Phone	165.00	<input checked="" type="checkbox"/>		
Child Support (not deducted from pay)				
Clothing, Shoes, Etc...	50.00	<input checked="" type="checkbox"/>		
Credit Card Payments (minimum due)	545.00	<input checked="" type="checkbox"/>		
Dry Cleaning				
Electric	180.00	<input checked="" type="checkbox"/>		
Food (groceries & restaurants)	1,200.00	<input checked="" type="checkbox"/>		
Fuel	150.00	<input checked="" type="checkbox"/>		
Gas (for home)	58.00	<input checked="" type="checkbox"/>		
Health Insurance (not deducted from pay)				
HOA	50.00	<input checked="" type="checkbox"/>		
Home Insurance (if not included in mortgage)				
Home Phone				
Internet/Cable	120.00	<input checked="" type="checkbox"/>		
Lawn Care	95.00	<input checked="" type="checkbox"/>		
Membership Fees	15.00	<input checked="" type="checkbox"/>		
Mortgage/Rent/Lease	1,100.00	<input checked="" type="checkbox"/>		
Pest Control	50.00			
Pets				
Pool Service	90.00	<input checked="" type="checkbox"/>		
Property Taxes (if not included in mortgage)				
Security				
Sewer	36.50	<input checked="" type="checkbox"/>		
Student Loans				
Unreimbursed Medical Expense	25.00	<input checked="" type="checkbox"/>		
Water	80.00	<input checked="" type="checkbox"/>		
Other: Trash	51.00	<input checked="" type="checkbox"/>		
Total Monthly Expenses	4,060.50			

Household Information

- A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

	Child's Name	Child's DOB	Whom is this child living with?	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 st	Brayden Bellisario	1/15/15	Mom	Yes	No
2 nd	Blake Bellisario	11/20/16	Mom	Yes	No
3 rd	Brooklyn Bellisario	2/01/18	Mom	Yes	No
4 th					

- B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	1 st Child	2 nd Child	3 rd Child	4 th Child
Cellular Phone				
Child Care	200.00	200.00	200.00	
Clothing	100.00	100.00	100.00	
Education	120.00			
Entertainment	40.00	40.00	40.00	
Extracurricular & Sports				
Health Insurance (if not deducted from pay)				
Summer Camp/Programs				
Transportation Costs for Visitation				
Unreimbursed Medical Expenses	150.00	50.00	50.00	
Vehicle				
Other:				
Total Monthly Expenses	610.00	390.00	390.00	0.00

- C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution

Personal Asset and Debt Chart

- A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value	Total Amount Owed	Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	Bank of Nevada Savings #3541	\$ 150.00	- \$	= \$ 150.00	Emily
2.	Bank of America Checking #	\$ 33.14	- \$	= \$ 33.14	Emily
3.	1913 Sondrio Dr.	\$ 553,000.00	- \$ 140,910.00	= \$ 412,090.00	Emily
4.		\$	- \$	= \$ 0.00	
5.		\$	- \$	= \$ 0.00	
6.		\$	- \$	= \$ 0.00	
7.		\$	- \$	= \$ 0.00	
8.		\$	- \$	= \$ 0.00	
9.		\$	- \$	= \$ 0.00	
10.		\$	- \$	= \$ 0.00	
11.		\$	- \$	= \$ 0.00	
12.		\$	- \$	= \$ 0.00	
13.		\$	- \$	= \$ 0.00	
14.		\$	- \$	= \$ 0.00	
15.		\$	- \$	= \$ 0.00	
Total Value of Assets (add lines 1-15)		\$ 553,183.14	- \$ 140,910.00	= \$ 412,273.14	

- B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	Bank of America Gold	\$ 1,209.54	Emily
2.	Bank of America Credit Card #8302	\$ 2,816.33	Emily
3.	Chase Freedom	\$ 1,313.52	Emily
4.	Chase United	\$ 6,421.89	Emily
5.	Affirm	\$ 3,111.74	Emily
6.		\$	
Total Unsecured Debt (add lines 1-6)		\$ 14,873.02	

CERTIFICATION

Attorney Information: Complete the following sentences:

1. I (have/have not) have retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$ 43,400.0 on my behalf.
3. I have a credit with my attorney in the amount of \$ 0.00.
4. I currently owe my attorney a total of \$ 20,133.78. *
5. I owe my prior attorney a total of \$ 0.00.

* This amount does not include trial preparation of attending trial.

IMPORTANT: Read the following paragraphs carefully and initial each one.

EB I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

EB I have attached a copy of my 3 most recent pay stubs to this form.

 I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.

 I have not attached a copy of my pay stubs to this form because I am currently unemployed.

/s/ Emily Bellisario

Signature

12/13/2021

Date

CERTIFICATE OF SERVICE

I hereby declare under the penalty of perjury of the State of Nevada that the following is true and correct:

That on (date) 12/13/2021, service of the General Financial Disclosure Form was made to the following interested parties in the following manner:

☐ Via 1st Class U.S. Mail, postage fully prepaid addressed as follows:

☒ Via Electronic Service, in accordance with the Master Service List, pursuant to NEFCR 9, to:

Bradley Bellisario- bradb@bellisariolaw.com

☐ Via Facsimile and/or Email Pursuant to the Consent of Service by Electronic Means on file herein to: _____

Executed on the 13 day of December, 2021.

/s/ Colleen O'Brien

Signature

Statement of Earnings For: EMILY CARDONA						AAA FLOORING INC (0180TJ31)					
Employee #: 1		Division:		Period Begin: 11/29/2020		Check Date: 12/11/2020		1565 W. Brooks Ave NORTH LAS VEGAS, NV 89032			
Clock Number:		Department: 200		Period End: 12/5/2020		Additional Tax:					
SSN: XXX-XX-1546		Federal Filing: Married		Exemptions: 0		Additional Tax:					
Company Id: 0180TJ31		State Filing:		Exemptions: 0							
Voucher Id	Check Amount	Gross Pay		Net Pay		Check Message					
V63473927	\$0.00	\$217.50		\$181.56							
EARNINGS						TAXES					
*Not included in Totals						DEDUCTIONS					
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary		30.00	217.50	1,500.00	10,875.00	SOC SEC EE	12.19	609.67	Dental Pre Tax	17.56	878.00
						MED EE	2.85	142.58	Vision Pre-tax	3.34	163.66
									Vol LifePostTax	0.00	37.08
									AD&D PostTax	0.00	4.20
Total:						Total:					
30.00 217.50 1,500.00 10,875.00						15.04 752.25 20.90 1,082.94					
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking Account: XXXXX9476 Deposit Amount: 181.56					

AAA FLOORING INC (0180TJ31)
1565 W. Brooks Ave
NORTH LAS VEGAS, NV 89032

CHECK DATE	VOUCHER ID
12/11/2020	V63473927

Your entire Net pay of \$181.56 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$181.56

1 200
EMILY CARDONA
1913 SONDRIO DR
LAS VEGAS, NV 89134

NOT NEGOTIABLE

AA3611

Statement of Earnings For: EMILY CARDONA						AAA FLOORING INC (0180TJ31)					
Employee #: 1		Division:		Period Begin: 11/22/2020		Check Date: 12/4/2020		1565 W. Brooks Ave			
Clock Number:		Department: 200		Period End: 11/28/2020		Additional Tax:		NORTH LAS VEGAS, NV 89032			
SSN: XXX-XX-1546		Federal Filing: Married		Exemptions: 0		Additional Tax:					
Company Id: 0180TJ31		State Filing:		Exemptions: 0							
Voucher Id	Check Amount	Gross Pay	Net Pay		Check Message						
V63294135	\$0.00	\$217.50	\$178.12								
EARNINGS						TAXES					
*Not Included in Totals						DEDUCTIONS					
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary		30.00	217.50	1,470.00	10,657.50	SOC SEC EE	12.19	597.48	Dental Pre Tax	17.56	860.44
						MED EE	2.85	139.73	Vision Pre-tax	3.34	160.32
									Vol LifePostTax	3.09	37.08
									AD&D PostTax	0.35	4.20
Total:	30.00	217.50	1,470.00	10,657.50		Total:	15.04	737.21	Total:	24.34	1,062.04
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking Account: XXXXX9476 Deposit Amount: 178.12					

AAA FLOORING INC (0180TJ31)
1565 W. Brooks Ave
NORTH LAS VEGAS, NV 89032

CHECK DATE	VOUCHER ID
12/4/2020	V63294135

Your entire Net pay of \$178.12 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$178.12

1 200
EMILY CARDONA
1913 SONDRIO DR
LAS VEGAS, NV 89134

NOT NEGOTIABLE

AA3612

Statement of Earnings For: EMILY BELLISARIO						AAA FLOORING INC (0180TJ31)					
Employee #: 1		Division:		Period Begin: 11/14/2021		Check Date: 11/26/2021		1565 W. Brooks Ave NORTH LAS VEGAS, NV 89032			
Clock Number:		Department: 200		Period End: 11/20/2021		Additional Tax:					
SSN: XXX-XX-1546		Federal Filing: Married		Exemptions: 0		Additional Tax:					
Company Id: 0180TJ31		State Filing:		Exemptions: 0		Additional Tax:					
Voucher Id	Check Amount	Gross Pay		Net Pay		Check Message					
V76290658	\$0.00	\$217.50		\$181.56							
EARNINGS						TAXES					
*Not Included in Totals						DEDUCTIONS					
Description	Rate	Hours	Dollars	YTD Hours	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary		30.00	217.50	1,410.00	10,222.50	SOC SEC EE	12.19	572.89	Dental Pre Tax	17.56	825.32
						MED EE	2.85	133.98	Vision Pre-tax	3.34	156.98
									Vol LifePostTax	0.00	33.99
									AD&D PostTax	0.00	3.85
Total:						15.04		706.87	Total:		20.90
30.00 217.50 1,410.00 10,222.50						1,020.14					
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking Account: XXXXX9476 Deposit Amount: 181.56					

AAA FLOORING INC (0180TJ31)
1565 W. Brooks Ave
NORTH LAS VEGAS, NV 89032

CHECK DATE	VOUCHER ID
11/26/2021	V76290658

Your entire Net pay of \$181.56 has been deposited in your bank account(s).

TOTAL NET PAY
*****\$181.56

1 200
EMILY BELLISARIO
1913 SONDRIO DR
LAS VEGAS, NV 89134

NOT NEGOTIABLE

AA3613

April 18, 2020

Emily Bellisario
1913 Sondrio Drive
Las Vegas, NV 89134

Please find enclosed a copy of your 2018 federal income tax return for your records. Review and sign Form 8879 - IRS e-file Signature Authorization. After you have signed and returned Form 8879 to me, your federal return will be electronically transmitted to the IRS; therefore, do not mail your federal Form 1040 to the IRS.

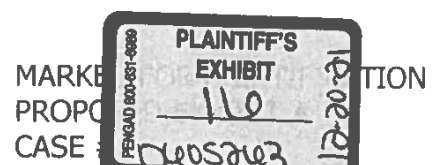
The amount you overpaid on your federal return is \$7,106. The amount to be refunded to you is \$7,106.

If you have any questions about your tax return, please contact me. Thank you for letting me be of service to you.

Sincerely,

ANNA MCDONOUGH
6550 S PECOS RD B-115
LAS VEGAS, NV 89120
(702)480-4650

06/10/20 03:15 PM



AA3614

Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☒ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Emily** Last name: **Bellisario** Your social security number: **530-63-1546**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)
☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **1913 Sondrio Drive** Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Las Vegas, NV 89134** If more than four dependents, see inst. and check here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Blake Arabella	Bellisario	771-97-3608	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brayden Cardona	Bellisario	076-89-5684	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brooklyn Isabella	Bellisario	713-53-7864	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. Your signature: Date: Your occupation: **Part-time Clerk** If the IRS sent you an Identity Protection PIN, enter it here (see inst.):
 Spouse's signature. If a joint return, both must sign. Date: Spouse's occupation: If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Paid Preparer's Use Only Preparer's name: **ANNA MCDONOUGH, CPA** Preparer's signature: **ANNA MCDONOUGH, CPA** PTIN: **P40059992** Firm's EIN: **74-6182854** Check if: ☒ 3rd Party Designee ☒ Self-employed
 Firm's name: **ANNA MCDONOUGH** Phone no.: **(702) 480-4650**
 Firm's address: **6550 S PECOS RD B-115 LAS VEGAS, NV 89120**

1		Wages, salaries, tips, etc. Attach Form(s) W-2	1	10,400.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRAs, pensions, and annuities	4a	
	5a	Social security benefits	5a	
	2b	Taxable interest	2b	
	3b	Ordinary dividends	3b	
	4b	Taxable amount	4b	
	5b	Taxable amount	5b	
6		Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 11,363.	6	21,763.
7		Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, Subtract Schedule 1, line 36, from line 6	7	20,960.
8		Standard deduction or itemized deductions (from Schedule A)	8	18,000.
9		Qualified business income deduction (see instructions)	9	592.
10		Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	2,368.
11		a Tax (see inst.) 236. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	236.
12		a Child tax credit/credit for other dependents 236. b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	236.
13		Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14		Other taxes. Attach Schedule 4	14	1,606.
15		Total tax. Add lines 13 and 14	15	1,606.
16		Federal income tax withheld from Forms W-2 and 1099	16	
17		Refundable credits: a EIC (see inst.) 5,943. b Sch 8812 2,769. c Form 8863	17	8,712.
18		Add any amount from Schedule 5	18	8,712.
19		Add lines 16 and 17. These are your total payments	19	7,106.
20a		If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a	7,106.
Refund	b	Routing number 122400724 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 004971099476		
21		Amount of line 19 you want applied to your 2019 estimated tax	21	
22		Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	0.
23		Estimated tax penalty (see instructions)	23	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2018)

UYA

AA3616

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Emily Bellisario

Your social security number

530-63-1546

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	11,363.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	21	Other income. List type and amount ►	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and on Form 1040, line 6. Otherwise, go to line 23	22	11,363.
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	803.
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ►	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Tuition and fees. Attach Form 8917	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	803.

For Paperwork Reduction Act Notice, see your tax return instructions.

UYA

Schedule 1 (Form 1040) 2018

AA3617

**SCHEDULE 4
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Taxes

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Name(s) shown on Form 1040

Emily Bellisario

Your social security number

530-63-1546

Other	57	Self-employment tax. Attach Schedule SE	57	1,606.
Taxes	58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Section 965 net tax liability installment from Form 965-A 63		
	64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	1,606.

For Paperwork Reduction Act Notice, see your tax return instructions.

UYA

Schedule 4 (Form 1040) 2018

AA3618

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018

Attachment
Sequence No. **09**

Name of proprietor

Emily Bellisario

Social security number (SSN)

530-63-1546

A Principal business or profession, including product or service (see instructions)

Bookkeeping-Clerk, service

B Enter code from Instructions

► **561110**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2018, check here ☒ Yes ☐ No

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	15,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	15,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	15,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	15,000.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions).	18	
9 Car and truck expenses (see instructions)	9	3,005.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	632.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	3,637.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	11,363.			

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.
 • If a profit, enter on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**.
 (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
 • If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
 • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions).
 Estates and trusts, enter on **Form 1041, line 3**.
 • If you checked 32b, you must attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.
UYA

Schedule C (Form 1040) 2018

06/10/2020 03:15:34PM

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Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/2018

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:

a Business 5514 b Commuting (see instructions) 2400 c Other 10000

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

1/2 cell phone usage	632.
48 Total other expenses. Enter here and on line 27a	48 632.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/schedulese for instructions and the latest information.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2018

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Emily Bellisario

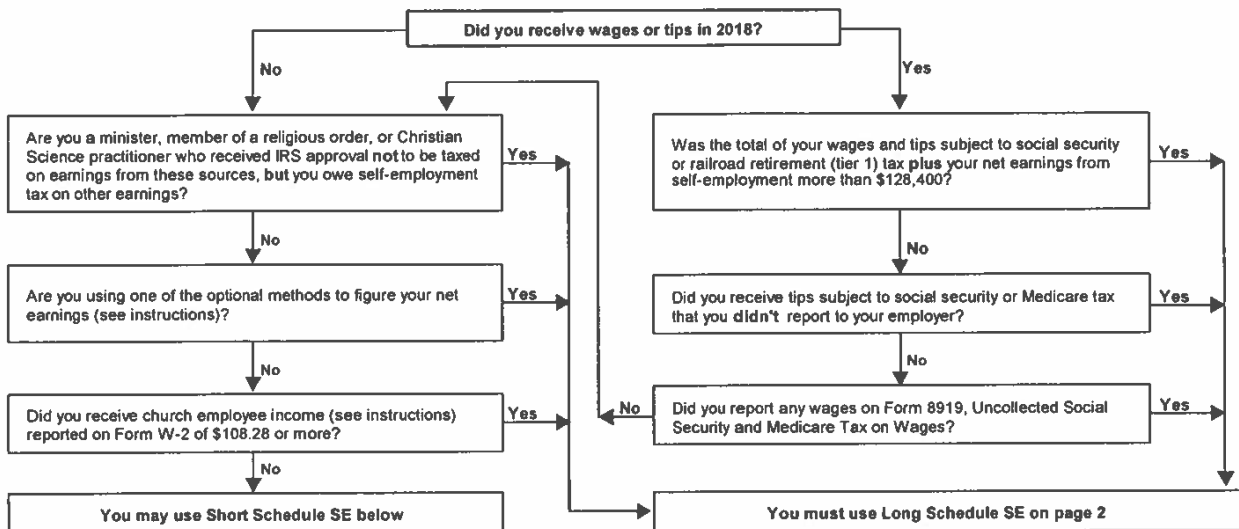
Social security number of person
with self-employment income ►

530-63-1546

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	11,363.
3 Combine lines 1a, 1b, and 2	3	11,363.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	10,494.
5 Self-employment tax. If the amount on line 4 is: • \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55 • More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55	5	1,606.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27	6	803.

For Paperwork Reduction Act Notice, see your tax return instructions.
UYA

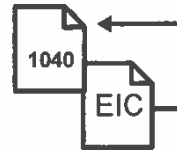
Schedule SE (Form 1040) 2018

SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit
Qualifying Child Information

- ▶ Complete and attach to Form 1040 only if you have a qualifying child.
- ▶ Go to www.irs.gov/scheduleEIC for the latest information.



OMB No. 1545-0074

2018

Attachment
Sequence No. **43**

Name(s) shown on return

Emily Bellisario

Your social security number

530-63-1546

Before you begin:

- See the instructions for Form 1040A, line 17a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	Blake	Arabella Bellisario	Brayden	Cardona Bellisario	Brooklyn	Isabell Bellisario
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 17a, unless the child was born and died in 2018. If your child was born and died in 2018 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	771-97-3608		076-89-5684		713-53-7864	
3 Child's year of birth	Year 2 0 1 6 <small>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.</small>		Year 2 0 1 5 <small>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.</small>		Year 2 0 1 8 <small>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.</small>	
4a Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <small>Go to line 5.</small>	<input type="checkbox"/> No. <small>Go to line 4b.</small>	<input type="checkbox"/> Yes. <small>Go to line 5.</small>	<input type="checkbox"/> No. <small>Go to line 4b.</small>	<input type="checkbox"/> Yes. <small>Go to line 5.</small>	<input type="checkbox"/> No. <small>Go to line 4b.</small>
b Was the child permanently and totally disabled during any part of 2018?	<input type="checkbox"/> Yes. <small>Go to line 5.</small>	<input type="checkbox"/> No. <small>The child is not a qualifying child.</small>	<input type="checkbox"/> Yes. <small>Go to line 5.</small>	<input type="checkbox"/> No. <small>The child is not a qualifying child.</small>	<input type="checkbox"/> Yes. <small>Go to line 5.</small>	<input type="checkbox"/> No. <small>The child is not a qualifying child.</small>
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		Son		Daughter	
6 Number of months child lived with you in the United States during 2018 <ul style="list-style-type: none"> • If the child lived with you for more than half of 2018 but less than 7 months, enter "7." • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, enter "12." 	12 months <small>Do not enter more than 12 months.</small>		12 months <small>Do not enter more than 12 months.</small>		12 months <small>Do not enter more than 12 months.</small>	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule EIC (Form 1040) 2018

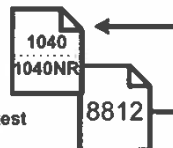
UYA

SCHEDULE 8812
(Form 1040)

Additional Child Tax Credit

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2018

Attachment
Sequence No. 47

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Emily Bellisario

Your social security number

530-63-1546

Part I All Filers

Caution: If you file Form 2555 or 2555-EZ, **stop here; you cannot claim the additional child tax credit.**

1 If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit for Other Dependents Worksheet in the publication. Otherwise:			
1040 filers:	Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040, line 12a.)	}	1 6,000.
1040NR filers:	Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040NR, line 49).		
2	Enter the amount from Form 1040, line 12a, or Form 1040NR, line 49	2	236.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit.	3	5,764.
4	Number of qualifying children under 17 with the required social security number: 3 X \$1,400. Enter the result. If zero, stop here; you cannot claim this credit. TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	4,200.
5	Enter the smaller of line 3 or line 4	5	4,200.
6a	Earned income (see separate instructions)	6a	20,960.
6b	Nontaxable combat pay (see separate instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	18,460.
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input checked="" type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	2,769.

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	9	796.
10	1040 filers: Enter the total of the amounts from Schedule 1 (Form 1040), line 27, and Schedule 4 (Form 1040), line 58 plus any taxes that you identified using code "UT" and entered on Schedule 4 (Form 1040), line 62. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	}	10 803.
11	Add lines 9 and 10		11 1,599.
12	1040 filers: Enter the total of the amounts from Form 1040, line 17a, and Schedule 5 (Form 1040), line 72. 1040NR filers: Enter the amount from Form 1040NR, line 67.	}	12 5,943.
13	Subtract line 12 from line 11. If zero or less, enter -0-		13
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	2,769.

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	2,769.
----	--	----	---------------

1040
1040NR

Enter this amount on Form 1040 line 17b, or Form 1040NR, line 64

Form **8867**Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status
 ▶ To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.
 ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2018Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Emily Bellisario

Enter preparer's name and PTIN

ANNA MCDONOUGH, CPA P40059992

Taxpayer identification number

530-63-1546**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).

EIC
☒CTC/
ACTC/ODC
☒AOTC
☐HOH
☒

1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?

☒ Yes ☐ No

2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?

☒ Yes ☐ No ☐ N/A

3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.

- Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
- Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.

☒ Yes ☐ No

4 Did any information provided by the taxpayer or a third party for use preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)

☐ Yes ☒ No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information?

☒ Yes ☐ No

b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)

☒ Yes ☐ No

5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s)

☒ Yes ☐ No

List those documents, if any, that you relied on.

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any claimed on the return if his/her return is selected for audit?

☒ Yes ☐ No

7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?

(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

☒ Yes ☐ No ☐ N/A

a Did you complete the required recertification Form 8862?

☒ Yes ☐ No ☐ N/A

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?

☒ Yes ☐ No ☐ N/A

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2018)

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Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9 a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Returns Claiming HOH (If the return does not claim HOH, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of Form 8867;
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 - Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

► **If you have not complied with all due diligence requirements you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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June 10, 2020

Emily Bellisario
1913 Sondrio Drive
Las Vegas, NV 89134

Please find enclosed a copy of your 2019 federal income tax return for your records. Review and sign Form 8879 - IRS e-file Signature Authorization. After you have signed and returned Form 8879 to me, your federal return will be electronically transmitted to the IRS; therefore, do not mail your federal Form 1040 to the IRS.

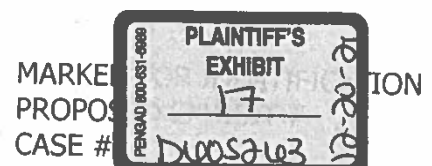
The amount you overpaid on your federal return is \$7,363. The amount to be refunded to you by direct deposit is \$7,363.

If you have any questions about your tax return, please contact me. Thank you for letting me be of service to you.

Sincerely,

ANNA MCDONOUGH
6550 S PECOS RD B-115
LAS VEGAS, NV 89120
(702)480-4650

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Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Emily	Last name Bellisario	Your social security number 530-63-1546
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1913 Sondrio Drive	Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Las Vegas, NV 89134		
Foreign country name	Foreign province/state/county	Foreign postal code

Standard Deduction ☐ Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):	(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name Last name			Child tax credit	Credit for other dependents
Blake Arabella Bellisario	771-97-3608	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brayden Cardona Bellisario	076-89-5684	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brooklyn Isabella Bellisario	713-53-7864	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	10,544.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Social security benefits	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	11,053.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	21,597.
8a Adjustments to income from Schedule 1, line 22	8a	781.
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	20,816.
9 Standard deduction or itemized deductions (from Schedule A)	9	18,350.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	493.
11a Add lines 9 and 10	11a	18,843.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	1,973.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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Form 1040 (2019)

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	196.	12b	196.
b	Add Schedule 2, line 3, and line 12a and enter the total			12b	196.
13a	Child tax credit or credit for other dependents	13a	196.	13b	196.
b	Add Schedule 3, line 7, and line 13a and enter the total			13b	196.
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	0.
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	1,562.
16	Add lines 14 and 15. This is your total tax			16	1,562.
17	Federal income tax withheld from Forms W-2 and 1099			17	
18	Other payments and refundable credits:				
a	Earned income credit (EIC)	18a	6,178.		
b	Additional child tax credit. Attach Schedule 8812	18b	2,747.		
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your total other payments and refundable credits			18e	8,925.
19	Add lines 17 and 18e. These are your total payments			19	8,925.
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20	7,363.
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>			21a	7,363.
b	Routing number 122400724	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 004971099476				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions			23	0.
24	Estimated tax penalty (see instructions)	24			

RefundDirect deposit?
See instructions.**Amount you owe****Third Party Designee**
(Other than paid preparer)Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☐ No

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?
See instructions.
Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
ANNA MCDONOUGH, CPA	ANNA MCDONOUGH, CPA	06/10/2020	P40059992	<input checked="" type="checkbox"/> 3rd Party Designee
Firm's name ▶ ANNA MCDONOUGH	Firm's address ▶ 6550 S PECOS RD B-115, LAS VEGAS, NV, 89120	Phone no. (702) 480-4650	Firm's EIN ▶ 74-6182854	<input checked="" type="checkbox"/> Self-employed

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2019)

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SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040 or 1040-SR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Emily Bellisario

Your social security number

530-63-1546

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C.	3	11,053.
4	Other gains or (losses). Attach Form 4797.	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	5	
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation.	7	
8	Other income. List type and amount ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	11,053.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	781.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN. ►		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	781.

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule 1 (Form 1040 or 1040-SR) 2019

AA3629

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► Attach to Form 1040 or 1040-SR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

Emily Bellisario

Your social security number

530-63-1546

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,562.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	1,562.

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule 2 (Form 1040 or 1040-SR) 2019

AA3630

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Emily Bellisario	Social security number (SSN) 530-63-1546
A Principal business or profession, including product or service (see instructions) Bookkeeping-Clerk, service	B Enter code from instructions 561110
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here ☐

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	15,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	15,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	15,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	15,000.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions).	18	
9 Car and truck expenses (see instructions)	9	3,403.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	3,947.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	11,053.	27a Other expenses (from line 48)	27a	544.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	11,053.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

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Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ <u>01/01/2018</u>				
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:				
a	Business <u>5868</u>	b	Commuting (see instructions) <u>2400</u>	c	Other <u>10000</u>
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

<u>1/2 cell phone usage</u>	544.
48 Total other expenses. Enter here and on line 27a	48 544.

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2019

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Emily Bellisario

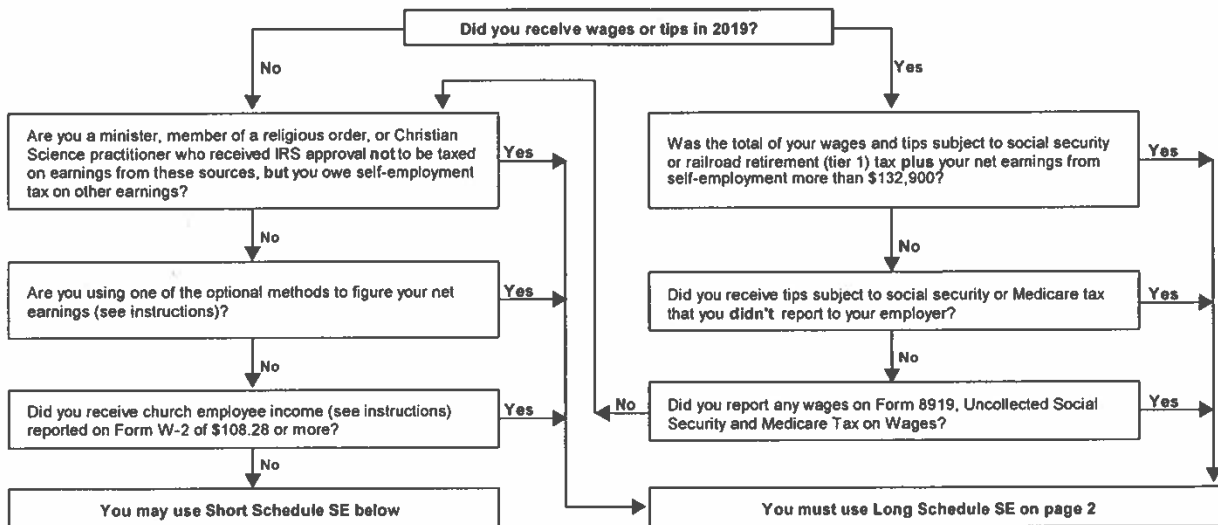
Social security number of person
with self-employment income ►

530-63-1546

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

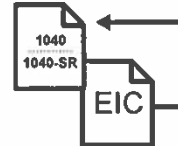
1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b ()	
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	11,053.
3 Combine lines 1a, 1b, and 2	3	11,053.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	10,207.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR , line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR , line 55	5	1,562.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR , line 27	6	781.

SCHEDULE EIC
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit
Qualifying Child Information

- ▶ Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
- ▶ Go to www.irs.gov/scheduleEIC for the latest information.



OMB No. 1545-0074

2019

Attachment
Sequence No. **43**

Name(s) shown on return

Emily Bellisario

Your social security number

530-63-1546

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name Blake Arabella Bellisario	First name Last name Brayden Cardona Bellisario	First name Last name Brooklyn Isabell Bellisario
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, lines 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	771-97-3608	076-89-5684	713-53-7864
3 Child's year of birth	Year 2016 <small>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year 2015 <small>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year 2018 <small>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>
4a Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5. Go to line 4b.</small>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5. Go to line 4b.</small>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5. Go to line 4b.</small>
b Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5. The child is not a qualifying child.</small>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5. The child is not a qualifying child.</small>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5. The child is not a qualifying child.</small>
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter	Son	Daughter
6 Number of months child lived with you in the United States during 2019 <ul style="list-style-type: none"> • If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12." 	12 months <small>Do not enter more than 12 months.</small>	12 months <small>Do not enter more than 12 months.</small>	12 months <small>Do not enter more than 12 months.</small>

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule EIC (Form 1040 or 1040-SR) 2019

UYA

SCHEDULE 8812
(Form 1040 or 1040-SR)

Additional Child Tax Credit

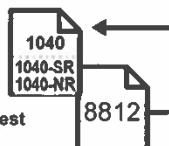
OMB No. 1545-0074

2019

Attachment
Sequence No. 47

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



Name(s) shown on return

Emily Bellisario

Your social security number
530-63-1546

Part I All Filers

Caution: If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit for Other Dependents Worksheet in the publication. Otherwise:		
1040 and 1040-SR filers:	Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a)	}	1 6,000.
1040-NR filers:	Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).		
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49.	2	196.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit.	3	5,804.
4	Number of qualifying children under 17 with the required social security number: 3 X \$1,400. Enter the result. If zero, stop here; you cannot claim this credit. TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	4,200.
5	Enter the smaller of line 3 or line 4.	5	4,200.
6a	Earned income (see instructions).	6a	20,816.
b	Nontaxable combat pay (see instructions).	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	18,316.
8	Multiply the amount on line 7 by 15% (0.15) and enter the result. Next, on line 4, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input checked="" type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	2,747.

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	9	807.
10	1040 and 1040-SR filers: Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. 1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	}	10 781.
11	Add lines 9 and 10.		
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. 1040-NR filers: Enter the amount from Form 1040-NR, line 67.	}	12 6,178.
13	Subtract line 12 from line 11. If zero or less, enter -0-.		
14	Enter the larger of line 8 or line 13. Next, enter the smaller of line 5 or line 14 on line 15.	14	2,747.

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	2,747.
-----------	--	-----------	---------------

1040
1040-SR
1040-NR

Enter this amount on Form 1040 line 18b, Form 1040-SR, line 18b, or Form 1040-NR, line 64.

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Emily Bellisario**530-63-1546**

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Emily Bellisario	530-63-1546	10,272.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	10,272.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	10,272.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	2,054.	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	()	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	()	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	()	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	2,054.	
11	Taxable income before qualified business income deduction	11	2,466.	
12	Net capital gain (see instructions)	12	()	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	2,466.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	493.	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15	493.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

UYA

Form **8867**Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2019Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Emily Bellisario

Enter preparer's name and PTIN

ANNA MCDONOUGH, CPA P40059992

Taxpayer identification number

530-63-1546**Part I Due Diligence Requirements**Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☒ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☒ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: ● Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. ● Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s). List those documents, if any, that you relied on.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2019)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9 a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; and
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FDF

Name: CHRISTOPHER R. TILMAN ESQ
Address: 1211 S. MARYLAND PKWY
LAS VEGAS NV 89109
Phone: 702 214 4214
Email: CTT@CHRISTOPHERTILMAN.COM
Attorney for DEFENDANT
Nevada State Bar No. 5150

Electronically Filed
4/15/2020 8:41 AM
Steven D. Grierson
CLERK OF THE COURT

Steven D. Grierson

Eighth Judicial District Court

Clark County, Nevada

<u>Emily Bellisario</u> Plaintiff,	Case No. <u>D-20-605263-D</u>
vs. <u>Bradley Bellisario</u> Defendant.	Dept. P _____

GENERAL FINANCIAL DISCLOSURE FORM

A. Personal Information:

1. What is your full name? (first, middle, last) Bradley John Bellisario
2. How old are you? 34
3. What is your date of birth? 11/01/1985
4. What is your highest level of education? Juris Doctor

B. Employment Information:

1. Are you currently employed/ self-employed? (☒ check one)
☐ No
☒ Yes If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)
10/2016	Bellisario Law P.C.	President	M-F	8-5

2. Are you disabled? (☒ check one)

☒ No
☐ Yes

If yes, what is your level of disability? _____
What agency certified you disabled? _____
What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: _____ Date of Hire: _____ Date of Termination: _____
Reason for Leaving: _____

Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending _____ my gross year to date pay is _____.

B. Determine your Gross Monthly Income.

Hourly Wage

	×		=	\$0.00	×	52	=	\$0.00	÷	12	=	\$0.00
Hourly Wage		Number of hours worked per week		Weekly Income		Weeks		Annual Income		Months		Gross Monthly Income

Annual Salary

	+	12	=	\$0.00
Annual Income		Months		Gross Monthly Income

C. Other Sources of Income.

Source of Income	Frequency	Amount	12 Month Average
Annuity or Trust Income			
Bonuses			
Car, Housing, or Other allowance:			
Commissions or Tips:			
Net Rental Income:			
Overtime Pay			
Pension/Retirement:			
Social Security Income (SSI):			
Social Security Disability (SSD):			
Spousal Support			
Child Support			
Workman's Compensation			
Other:			
Total Average Other Income Received			\$0.00

Total Average Gross Monthly Income (add totals from B and C above)	\$0.00
--	--------

D. Monthly Deductions

	Type of Deduction	Amount
1.	Court Ordered Child Support (automatically deducted from paycheck)	0.00
2.	Federal Health Savings Plan	0.00
3.	Federal Income Tax	0.00
4.	Health Insurance Amount for you: _____ For Opposing Party: _____ For your Child(ren): _____	0.00
5.	Life, Disability, or Other Insurance Premiums	0.00
6.	Medicare	0.00
7.	Retirement, Pension, IRA, or 401(k)	0.00
8.	Savings	0.00
9.	Social Security	0.00
10.	Union Dues	0.00
11.	Other: (Type of Deduction)	0.00
Total Monthly Deductions (Lines 1-11)		0.00

Business/Self-Employment Income & Expense Schedule

A. Business Income:

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
\$18,000.00

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising	Monthly	500.00	500.00
Car and truck used for business			0.00
Commissions, wages or fees	Weekly	250.00	2,000.00
Business Entertainment/Travel	Weekly	50.00	200.00
Insurance	Monthly		60.00
Legal and professional	Monthly	400.00	400.00
Mortgage or Rent	Monthly		900.00
Pension and profit-sharing plans			0.00
Repairs and maintenance			0.00
Supplies	Weekly	200.00	800.00
Taxes and licenses (include est. tax payments)			
Utilities	Monthly		100.00
Other: Loan	Monthly		1,750.00
Total Average Business Expenses			6,710.00

Personal Expense Schedule (Monthly)

- A. Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount I Pay	For Me ☞	Other Party ☞	For Both ☞
Alimony/Spousal Support	0.00			
Auto Insurance	270.00			✓
Car Loan/Lease Payment	700.00			✓
Cell Phone	100.00	✓		
Child Support (not deducted from pay)	3,495.00	✓		
Clothing, Shoes, Etc...	500.00	✓		
Credit Card Payments (minimum due)	100.00	✓		
Dry Cleaning	0.00			
Electric	300.00			✓
Food (groceries & restaurants)	800.00			✓
Fuel	200.00	✓		
Gas (for home)	79.00		✓	
Health Insurance (not deducted from pay)	0.00			
HOA	47.00		✓	
Home Insurance (if not included in mortgage)	0.00			
Home Phone	0.00			
Internet/Cable	300.00			✓
Lawn Care	0.00			
Membership Fees	50.00	✓		
Mortgage/Rent/Lease	2,800.00			✓
Pest Control	0.00			
Pets	0.00			
Pool Service	0.00			
Property Taxes (if not included in mortgage)	0.00			
Security	0.00			
Sewer	0.00			
Student Loans	2,250.00	✓		
Unreimbursed Medical Expense	0.00			
Water	50.00		✓	
Other:				
Total Monthly Expenses	12,041.00			

Household Information

- A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

	Child's Name	Child's DOB	Whom is this child living with?	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 st	Brayden Bellisario	1/15/15	Both	Yes	No
2 nd	Blake Bellisario	11/20/16	Both	Yes	No
3 rd	Brooklyn Bellisario	2/1/18	Both	Yes	No
4 th					

- B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	1 st Child	2 nd Child	3 rd Child	4 th Child
Cellular Phone	0.00	0.00	0.00	
Child Care	0.00	0.00	0.00	
Clothing	100.00	100.00	100.00	
Education	800.00	420.00		
Entertainment	100.00	100.00	100.00	
Extracurricular & Sports	0.00	0.00	0.00	
Health Insurance (if not deducted from pay)	0.00	0.00	0.00	
Summer Camp/Programs	0.00	0.00	0.00	
Transportation Costs for Visitation	20.00	20.00	20.00	
Unreimbursed Medical Expenses	0.00	0.00	0.00	
Vehicle	0.00	0.00	0.00	
Other:				
Total Monthly Expenses	1,020.00	640.00	220.00	0.00

- C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	2012 Ford F150	\$6,000.00	-	\$300.00	=	\$5,700.00	Mine
2.	Wells Fargo Checking Account	\$835.00	-	\$0.00	=	\$835.00	Mine
3.	Iphone 10	\$500.00	-	\$0.00	=	\$500.00	Mine
4.	14K Gold Mariner Chain	\$500.00	-	\$0.00	=	\$500.00	Mine
5.	Ping Golf Clubs	\$500.00	-	\$0.00	=	\$500.00	Mine
6.	XBox One	\$300.00	-	\$0.00	=	\$300.00	Mine
7.	RESIDENCE A13 SUNDRE	\$400K	-	\$150K	=	\$0.00 250K	SPOUSE
8.		\$	-	\$	=	\$0.00	
9.		\$	-	\$	=	\$0.00	
10.		\$	-	\$	=	\$0.00	
11.		\$	-	\$	=	\$0.00	
12.		\$	-	\$	=	\$0.00	
13.		\$	-	\$	=	\$0.00	
14.		\$	-	\$	=	\$0.00	
15.		\$	-	\$	=	\$0.00	
Total Value of Assets (add lines 1-15)		\$8,635.00	-	\$300.00	=	\$8,335.00	

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	Credit One Visa	\$900.00	Mine
2.	Credit One Mastercard	\$750.00	Mine
3.	Student Loan	\$190,000.00	Mine
4.	Affirm Loan (Peloton)	\$2,000.00	Mine
5.		\$	
6.		\$	
Total Unsecured Debt (add lines 1-6)		\$193,650.00	

CERTIFICATION

Attorney Information: Complete the following sentences:

1. I (have have not) HAVE retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$ 4000 on my behalf.
3. I have a credit with my attorney in the amount of \$ _____.
4. I currently owe my attorney a total of \$ _____.
5. I owe my prior attorney a total of \$ _____.

IMPORTANT: Read the following paragraphs carefully and initial each one.

 X I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

 I have attached a copy of my 3 most recent pay stubs to this form.

 X I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.

 I have not attached a copy of my pay stubs to this form because I am currently unemployed.

Signature

Date

Profit and Loss Statement

<Bellisario Law, LLC>

For YTD 2020

Gross margin [L/J]

Return on sales [T/J]

Current
Period

Sales Revenue

January Gross Receivables	18,376
February Gross Receivables	28,964
March Gross Receivables	8,600
April Gross Receivables	3,833
Product/Service 4	
Total Sales Revenue [J]	59,773

Operating Expenses

Sales and Marketing

Advertising	2,000
Direct marketing	
Other expenses (specify)	
Other expenses (specify)	
Total Sales and Marketing Expenses [M]	2,000

Research and Development

Technology licenses	
Patents	
Other expenses (specify)	
Other expenses (specify)	
Total Research and Development Expenses [N]	0

General and Administrative

Wages and salaries	3,250
Outside services (Lexis Nexus)	1,200
Supplies	3,100
Meals and entertainment	200
Rent	3,500
Telephone	509
Utilities	400
Depreciation	
Insurance	60
Repairs and maintenance	0
Business Loan	7,000
Bonuses	4,000
Licensing	500
Total General and Administrative Expenses [O]	23,719

Total Operating Expenses [P=M+N+O] 25,719

Income from Operations [Q=L-P] 34,054

Other Income [R]

Taxes

Income taxes	
Payroll taxes	
Real estate taxes	
Other taxes (specify)	
Other taxes (specify)	
Total Taxes [S]	0

Net Profit [T=Q+R-S] 34,054

FDF

Name: Bradley Bellisario
Address: 7100 Grand Montecito Parkway
#2054, Las Vegas, NV 89149
Phone: (309) 397-6734
Email: bradb@bellisariolaw.com
Attorney for Pro Se
Nevada State Bar No. _____

Electronically Filed
2/7/2021 5:53 PM
Steven D. Grierson
CLERK OF THE COURT

Steven D. Grierson

8th Judicial District Court

Clark County, Nevada

<u>Emily Bellisario</u> Plaintiff,	Case No. <u>D-605263-D</u>
vs. <u>Bradley Bellisario</u> Defendant.	Dept. P _____

GENERAL FINANCIAL DISCLOSURE FORM

A. Personal Information:

1. What is your full name? (*first, middle, last*) Bradley John Bellisario
2. How old are you? 35
3. What is your date of birth? 11/01/1985
4. What is your highest level of education? Juris Doctor

B. Employment Information:

1. Are you currently employed/ self-employed? (☒ check one)
☒ No
☐ Yes If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)

2. Are you disabled? (☒ check one)

☒ No

☐ Yes

If yes, what is your level of disability? _____

What agency certified you disabled? _____

What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: Self-Employed Date of Hire: 10/2016 Date of Termination: 8/01/2020
Reason for Leaving: No longer able to work due to mental abuse from spouse



Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending _____ my gross year to date pay is _____.

B. Determine your Gross Monthly Income.

Hourly Wage

	×		=	0	×	52	=	0	÷	12	=	0
Hourly Wage		Number of hours worked per week		Weekly Income		Weeks		Annual Income		Months		Gross Monthly Income

Annual Salary

	÷	12	=	0
Annual Income		Months		Gross Monthly Income

C. Other Sources of Income.

Source of Income	Frequency	Amount	12 Month Average
Annuity or Trust Income			
Bonuses			
Car, Housing, or Other allowance:			
Commissions or Tips:			
Net Rental income:			
Overtime Pay			
Pension/Retirement:			
Social Security Income (SSI):			
Social Security Disability (SSD):			
Spousal Support			
Child Support			
Workman's Compensation			
Other:			
Total Average Other Income Received			0
Total Average Gross Monthly Income (add totals from B and C above)			0

D. Monthly Deductions

	Type of Deduction	Amount
1.	Court Ordered Child Support (automatically deducted from paycheck)	
2.	Federal Health Savings Plan	
3.	Federal Income Tax	
4.	Health Insurance Amount for you: _____ For Opposing Party: _____ For your Child(ren): _____	0
5.	Life, Disability, or Other Insurance Premiums	
6.	Medicare	
7.	Retirement, Pension, IRA, or 401(k)	
8.	Savings	
9.	Social Security	
10.	Union Dues	
11.	Other: (Type of Deduction)	
Total Monthly Deductions (Lines 1-11)		00

Business/Self-Employment Income & Expense Schedule**A. Business Income:**

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
\$0

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fees			
Business Entertainment/Travel			
Insurance			
Legal and professional			
Mortgage or Rent			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and licenses (include est. tax payments)			
Utilities			
Other:			
Total Average Business Expenses			0

Personal Expense Schedule (Monthly)

A. Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount I Pay	For Me	Other Party	For Both
Alimony/Spousal Support				
Auto Insurance	100	✓		
Car Loan/Lease Payment	450.00		✓	
Cell Phone				
Child Support (not deducted from pay)				
Clothing, Shoes, Etc...	0	✓		
Credit Card Payments (minimum due)	200	✓		
Dry Cleaning	20	✓		
Electric	100	✓		
Food (groceries & restaurants)	600	✓		
Fuel	200	✓		
Gas (for home)	0	✓		
Health Insurance (not deducted from pay)	0	✓		
HOA	0	✓		
Home Insurance (if not included in mortgage)	0	✓		
Home Phone	0	✓		
Internet/Cable	125	✓		
Lawn Care	0	✓		
Membership Fees	50	✓		
Mortgage/Rent/Lease	1800	✓		
Pest Control	0	✓		
Pets	0	✓		
Pool Service	0	✓		
Property Taxes (if not included in mortgage)	0	✓		
Security	0	✓		
Sewer	0	✓		
Student Loans	1700	✓		
Unreimbursed Medical Expense	500	✓		
Water	20	✓		
Other: Legal Fees	3000	✓		
Total Monthly Expenses	8865			

Household Information

- A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

	Child's Name	Child's DOB	Whom is this child living with?	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 st	BRANDEN BEUTNER	1/15/15	PLAINTIFF	YES	NO
2 nd	BLAKE BEUTNER	11/24/16	PLAINTIFF	YES	NO
3 rd	BROOKLYN BEUTNER	2/1/18	PLAINTIFF	YES	NO
4 th					

- B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	1 st Child	2 nd Child	3 rd Child	4 th Child
Cellular Phone				
Child Care				
Clothing	50	50	50	
Education				
Entertainment	100	100	100	
Extracurricular & Sports				
Health Insurance (if not deducted from pay)				
Summer Camp/Programs				
Transportation Costs for Visitation	20	20	20	
Unreimbursed Medical Expenses				
Vehicle	50	50	50	
Other: FOOD	50	50	50	
Total Monthly Expenses	270	270	270	

- C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value	Total Amount Owed	Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	HOUSEHOLD FURNITURE	\$ 2,000	- \$ 0	= \$ 2,000	MINE
2.	OLD OFFICE FURNITURE	\$ 1,000	- \$ 0	= \$ 1,000	MINE
3.	CELL PHONE	\$ 500	- \$ 0	= \$ 500	MINE
4.	GOLD CHAIN	\$ 500	- \$ 0	= \$ 500	MINE
5.	2 FLAT PANEL TVs	\$ 500	- \$ 0	= \$ 500	MINE
6.	PELOTON BIKE	\$ 2,000	- \$ 1,500	= \$ 500	MINE
7.	MACBOOK AIR	\$ 700	- \$ 0	= \$ 700	MINE
8.		\$	- \$	= \$	
9.		\$	- \$	= \$	
10.		\$	- \$	= \$	
11.		\$	- \$	= \$	
12.		\$	- \$	= \$	
13.		\$	- \$	= \$	
14.		\$	- \$	= \$	
15.		\$	- \$	= \$	
Total Value of Assets (add lines 1-15)		\$ 7,200	- \$ 1,500	= \$ 5,700	

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	STUDENT LOAN FED	\$ 150,000	MINE
2.	STUDENT LOAN UAF	\$ 1,500	MINE
3.	CREDIT CARD CC	\$ 1,700	MINE
4.		\$	
5.		\$	
6.		\$	
Total Unsecured Debt (add lines 1-6)		\$	

CERTIFICATION

Attorney Information: Complete the following sentences:

1. I (have/have not) HAD PREVIOUSLY retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$ _____ on my behalf.
3. I have a credit with my attorney in the amount of \$ _____.
4. I currently owe my attorney a total of \$ _____.
5. I owe my prior attorney a total of \$ 680.

IMPORTANT: Read the following paragraphs carefully and initial each one.

_____ I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

_____ I have attached a copy of my 3 most recent pay stubs to this form.

_____ I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.

X I have not attached a copy of my pay stubs to this form because I am currently unemployed.

Signature



Date

2/4/2021

Party Search Results

Name

Date of Birth

Bellisario, Bradley

Current Address:
7100 Grand Montecito
Pkwy
#2054
Las Vegas NV, 89149

Cases (1)

Case Number	Style / Defendant	File Date
A-20-812996-C	Bradley Bellisario, Plaintiff(s) vs. Emily Bellisario, Defendant(s)	03/30/2020

1 - 1 of 1 items

Bellisario, Bradley

Current Address:
7100 Grand Montecito
Pkwy, #2054
Las Vegas NV, 89149

Cases (1)

Case Number	Style / Defendant	File Date
A-20-815348-C	Bradley Bellisario, Plaintiff(s) vs. Donna Wilburn, Defendant(s)	05/21/2020

1 - 1 of 1 items

Bellisario, Bradley

Current Address:
7100 Grand Montecito
Pkwy
#2054
Las Vegas NV, 89149

Cases (1)

Case Number	Style / Defendant	File Date
A-20-825422-C	Bradley Bellisario, Plaintiff(s) vs. Anna Trujillo, Defendant(s)	11/25/2020

1 - 1 of 1 items

Bellisario, Bradley

AA3654

Name

Date of Birth

Current Address:
7100 Grand Montecito
Pkwy
#2054
Las Vegas NV, 89149

Cases (1)

Case Number	Style / Defendant	File Date
A-20-825505-C	Bradley Bellisario, Plaintiff(s) vs. Marathon Law Group PLLC, Defendant(s)	11/26/2020

1 - 1 of 1 items

Bellisario, Bradley

Current Address:
7100 Grand Montecito
Pkwy
#2054
Las Vegas NV, 89149

Cases (1)

Case Number	Style / Defendant	File Date
A-20-825508-C	Bradley Bellisario, Plaintiff(s) vs. Amanda Roberts, Defendant(s)	11/26/2020

1 - 1 of 1 items

Bellisario, Bradley

Current Address:
7100 Grand Montecito
Pkwy #2054
Las Vegas NV, 89149

Cases (1)

Case Number	Style / Defendant	File Date
A-21-830901-C	Bradley Bellisario, Plaintiff(s) vs. Emily Bellisario, Defendant(s)	03/10/2021

1 - 1 of 1 items

Bellisario, Bradley

XX/XX/XXXX

AA3655

Name

Date of Birth

Cases (1)

Case Number	Style / Defendant	File Date
T-19-200357-T	Emily Bellisario, Applicant vs Bradley Bellisario, Adverse Party	09/17/2019

1 - 1 of 1 items

Bellisario, Bradley

XX/XX/XXXX

Cases (1)

Case Number	Style / Defendant	File Date
T-19-200404-T	Emily Bellisario, Applicant vs Bradley Bellisario, Adverse Party	09/18/2019

1 - 1 of 1 items

Bellisario, Bradley J.

Current Address:

Cases (65)

Bradley J. Bellisario
2945 N. Martin Luther
King Blvd.
North Las Vegas NV,
89032

Case Number	Style / Defendant	File Date
A-20-824221-C	Andrew Jones, Plaintiff(s) vs. Tina Waters, Defendant(s)	11/04/2020
A-20-821640-M	In the Matter of the Petition for Compromise of Minor's Claim by Takisha Stafford	09/22/2020
A-20-821641-M	In the Matter of the Petition for Compromise of Minor's Claim by Takisha Stafford	09/22/2020
A-20-819316-C	Andrew Jones, Plaintiff(s) vs. Aracely Sandoval-Rivas, Defendant(s)	08/10/2020
A-20-815213-C	Aleissya Ruiz, Plaintiff(s) vs. Che Howard, Defendant(s)	05/19/2020
A-20-812814-C	Adriana Martinez, Plaintiff(s) vs. Sylvia Kaufenberg, Defendant(s)	03/25/2020
A-20-809552-M	In the Matter of the Petition for Compromise of Minor's Claim by Kayla Bierstedt	01/31/2020
A-20-809553-M	In the Matter of the Petition for Compromise of Minor's Claim by Kayla Bierstedt	01/31/2020

AA3656

Name		Date of Birth
Case Number	Style / Defendant	File Date
A-19-801512-M	In the Matter of the Petition for Compromise of Minor's Claim by Star Gomez	09/06/2019
A-19-799415-C	Jesshayee Callier, Plaintiff(s) vs. Stacie Klein, Defendant(s)	07/30/2019
A-19-798004-C	Luis Mora-Castillon, Plaintiff(s) vs. Anthony Garbutt, Defendant(s)	07/05/2019
C-19-341423-1	Stafford, Takisha Monique	06/26/2019
A-19-796700-C	William May, Plaintiff(s) vs. ACD Enterprises Ltd, Defendant(s)	06/14/2019
A-19-796219-C	Denisse Arambula, Plaintiff(s) vs. George Baca, Defendant(s)	06/06/2019
D-19-589051-D	Ricela Anaya, Plaintiff vs. David Anaya, Defendant.	05/06/2019
D-19-588135-D	Isais Panduro, Plaintiff vs. Sara Panduro, Defendant.	04/18/2019
A-19-790518-M	In the Matter of the Petition for Compromise of Minor's Claim by Takisha Stafford	03/05/2019
A-19-790519-M	In the Matter of the Petition for Compromise of Minor's Claim by Takisha Stafford	03/05/2019
D-18-581021-D	Hector Maull, Plaintiff vs. Kiwona Latrice Maull, Defendant.	12/06/2018
D-18-580904-D	Katie Stephanie Pinto, Plaintiff vs. Gilberto Trevino-Guajardo, Defendant.	12/03/2018
A-18-784915-C	Jordan Antonio, Plaintiff(s) vs. Gary Lee, Defendant(s)	11/21/2018
A-18-784809-A	Phillip Hagopian, Appellant vs. Dennis Huelbig, Jr., Respondent	11/20/2018
D-18-577778-D	Briseida Quintero-Nuno, Plaintiff vs. Daniel Nuno Gonzalez, Defendant.	09/28/2018
A-18-781474-M	In the Matter of the Petition for Compromise of Minor's Claim by Rocio Gonzalez	09/20/2018
A-18-779707-C	Terri Grosse, Plaintiff(s) vs. JDV Procyon, LLC, Defendant(s)	08/20/2018
C-18-333503-1	Ricardo, Erick	07/18/2018
A-18-776310-C	Dennis Huelbig, Jr., Plaintiff(s) vs. Phillip Hagopian, Defendant(s)	06/20/2018
D-18-567360-D	Katie Stephanie Pinto, Plaintiff vs. Gilberto Trevino-Guajard, Defendant.	03/08/2018
A-17-762689-C	Joel A. and Kimberly L. Laub Family Trust, Plaintiff(s) vs. Tara Lynn, Defendant(s)	10/06/2017
D-17-557261-Z	In the Matter of the Joint Petition for Divorce of: Keren Sandoval and Rafael Sandoval	08/17/2017
A-17-760010-C	Jorge Hernandez, Plaintiff(s) vs. Golden Ages Adult Day Care LLC, Defendant(s)	08/15/2017
A-17-757320-M	In the Matter of the Petition for Compromise of Minor's Claim by Lorenia Diaz	06/23/2017

Name		Date of Birth
Case Number	Style / Defendant	File Date
A-17-756891-C	Jimmy Brazzel, Plaintiff(s) vs. Brandilyn Ramseyer, Defendant(s)	06/14/2017
A-17-756892-C	Sadhana Paralkar, Plaintiff(s) vs. PHWLVC LLC, Defendant(s)	06/14/2017
D-17-550927-C	Neil Adny Webb, Plaintiff. vs. Tanyia Myisha Johnson, Defendant.	04/21/2017
A-17-752795-A	Jim Eagan, Appellant vs. Torie Russell, Respondent	03/21/2017
D-17-548167-D	David Garcia, Plaintiff vs. Nancy Zermeno, Defendant.	03/07/2017
A-17-751910-C	Salomon Ortiz, Plaintiff(s) vs. Daymara Sibata-Laredo, Defendant(s)	03/03/2017
D-17-546548-D	Klaudia Balazs, Plaintiff vs. Evan James Collins, Defendant.	02/09/2017
D-17-546127-Z	In the Matter of the Joint Petition for Divorce of: Brigitte R Boucaud and Roland A Boucaud	02/01/2017
D-17-545849-D	Gloria Maribel Lopez, Plaintiff vs. Marcos Santos, Defendant.	01/26/2017
D-17-545888-D	Allison Pinkerman, Plaintiff vs. Joshua A Pinkerman, Defendant.	01/26/2017
A-17-750047-C	Allied Flooring Services, Plaintiff(s) vs. CEI Construction, LLC, Defendant(s)	01/25/2017
A-17-750075-C	Castro & Baker LLP, Plaintiff(s) vs. Strategic Contract Brands Inc, Defendant(s)	01/25/2017
C-17-320555-1	Presson, Gregory Domenic	01/11/2017
P-16-090419-E	In the Matter of: Jaceson Klein, Deceased	12/22/2016
A-16-746958-C	J Bruce Alverson LTD, Plaintiff(s) vs. Javier Cardona , Defendant(s)	11/21/2016
A-16-738594-C	Ana Rosa Saldivar-Lara, Plaintiff(s) vs. Yolanda Perez, Defendant(s)	06/16/2016
A-16-737312-C	JLTM LLC, Plaintiff(s) vs. T1 Payments LLC, Defendant(s)	05/25/2016
D-16-533067-N	In the Matter of the Petition for Change of Name by: Jimena Sandra Cardona, Petitioner(s).	05/10/2016
D-16-532505-D	Barry Dean Norris, Plaintiff vs. Juanita Norris, Defendant.	04/29/2016
A-16-735390-C	Nicolas Unzueta Chacon, Plaintiff(s) vs. Morpheus Investment Inc, Defendant(s)	04/20/2016
R-16-192162-R	Ana Arambula, Petitioner(s). vs. Raul Garcia, Respondent(s).	04/14/2016
A-16-734729-C	Shop N Save Corp, Plaintiff(s) vs. A W Ham III Trust, Defendant(s)	04/07/2016
A-16-734540-C	Allied Flooring, Plaintiff(s) vs. Hayden 05 Housing LP, Defendant(s)	04/04/2016
A-16-733728-C	Allied Flooring Services, Plaintiff(s) vs. Natures Element Inc, Defendant(s)	03/18/2016
A-16-733022-C	Dean Schlenker, Plaintiff(s) vs. 3535 LV Newco LLC, Defendant(s)	03/07/2016

Name

Date of Birth

Case Number	Style / Defendant	File Date
D-16-529388-D	Timothy Allen, Jr., Plaintiff vs. Lynda Heath-Allen, Defendant.	03/07/2016
G-16-043367-A	In the Matter of the Guardianship of: Sabino Lara Gomez, Protected Person(s)	02/12/2016
D-15-523719-D	Raul Garcia, Plaintiff vs. Ana Griselda Arambula, Defendant.	11/09/2015
A-15-724660-C	Oscar Toro, Plaintiff(s) vs. Adil Freij, Defendant(s)	09/15/2015
A-15-719443-C	LVPL Corp, Plaintiff(s) vs. Toto Enterprises LLC, Defendant(s)	06/04/2015
A-15-718602-C	E Johnson, Plaintiff(s) vs. Mt. Ararat Misionary Baptist Church, Defendant(s)	05/19/2015
C-14-296837-1	Sicairos, Pedro Daniel	03/25/2014
D-09-418158-D	Maria Isabel Portillo, Plaintiff vs. Jose Martin Portillo, Defendant.	09/14/2009

1 - 65 of 65 items

Bellisario, Bradley J.

Cases (1)

Case Number	Style / Defendant	File Date
A-19-790518-M	In the Matter of the Petition for Compromise of Minor's Claim by Takisha Stafford	03/05/2019

1 - 1 of 1 items

1 - 10 of 13 items

AA3659

Steven D. Grierson

1 **SCHD**
2 Amanda M. Roberts, Esq.
3 State Bar of Nevada No. 9294
4 **ROBERTS STOFFEL FAMILY LAW GROUP**
5 4411 S. Pecos Road
6 Las Vegas, Nevada 89121
7 PH: (702) 474-7007
8 FAX: (702) 474-7477
9 EMAIL: efile@lvfamilylaw.com
10 Attorneys for Plaintiff, Emily Bellisario

11 **DISTRICT COURT, FAMILY DIVISION**
12 **CLARK COUNTY, NEVADA**

13 EMILY BELLISARIO,) Case No: D-20-605263-D
14) Dept No: P
15 Plaintiff,)
16 v.) **SCHEDULE OF ARREARS FOR**
17) **CHILD SUPPORT WITH**
18) **CONFIRMATION PURSUANT TO**
19) **EDCR §5.508.**
20)
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20 COMES NOW the Plaintiff, Emily Bellisario, by and through her attorney,
21 Amanda M. Roberts Esq., of Roberts Stoffel Family Law Group, and hereby
22 provides a Schedule of Arrears for unpaid child support owed by Defendant,
23 Bradley Bellisario.
24

25 \\\

26 \\\



1 Exhibit "1" Schedule of Arrears for period June 2020 through February 4,
2 2021.¹

3 Exhibit "2" Spreadsheet reflecting the amounts deposited into the Parties
4 joint account by Bradley, then removed by Bradley, depicting
5 net support received for each month.
6

7 DATED this 5th day of February, 2021.
8

9 ROBERTS STOFFEL FAMILY LAW GROUP

10 By: Amanda M. Roberts
11

12 Amanda M. Roberts, Esq.
13 State of Nevada Bar No. 9294
14 4411 S. Pecos Road
15 Las Vegas, Nevada 89121
16 PH: (702) 474-7007
17 FAX: (702) 474-7477
18 EMAIL: efile@lvfamilylaw.com
19 Attorneys for Plaintiff, Emily Bellisario
20
21
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25

26 ¹ This only represent child support from June 2020 through February 4, 2021. The Plaintiff is in
27 the process of gathering the records and preparing a Schedule of Arrears for the period June 2019
(date of separation) through May of 2020, and will file a supplemental schedule with this Court.

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By: 
Emily Bellisario

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Notary Public in and for
said County and State



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Bradley Bellisario
Email: Bradb@bellisariolaw.com
Defendant in *proper person*

Page 4 of 4

Exhibit “1”

Exhibit “1”

Exhibit “1”

Arrearage Calculation Summary

Bellisario (2020 to present) Child Support

Page: 1

Report Date: 02/05/2021

Summary of Amounts Due

Total Principal Due 02/04/2021:	\$20,570.12
Total Interest Due 02/04/2021:	\$372.42
Total Penalty Due 02/04/2021:	\$20.98
Amount Due if paid on 02/04/2021:	\$20,963.52
Amount Due if paid on 02/05/2021:	\$20,966.48
Daily Amount accruing as of 02/05/2021:	\$2.95

Date Due	Amount Due	Date Received	Amount Received	Accum. Arrearage	Accum. Interest
06/01/2020	*2,560.00	06/01/2020	0.00	2,560.00	0.00
07/01/2020	*2,560.00	07/21/2020	4.84	5,115.16	28.85
08/01/2020	*2,560.00	08/12/2020	900.10	6,775.06	49.03
09/01/2020	*2,560.00	09/01/2020	0.00	9,335.06	68.47
10/01/2020	*2,560.00	10/21/2020	1,564.94	10,330.12	142.76
11/01/2020	*2,560.00	11/01/2020	0.00	12,890.12	159.06
12/01/2020	*2,560.00	12/01/2020	0.00	15,450.12	214.53
01/01/2021	*2,560.00	01/01/2021	0.00	18,010.12	283.23
02/01/2021	*2,560.00	02/01/2021	0.00	20,570.12	363.54
02/04/2021	0.00	02/04/2021	0.00	20,570.12	372.42
Totals	23,040.00		2,469.88	20,570.12	372.42

* Indicates a payment due is designated as child support.

Reports – MLaw

Child Support Penalty Table			
Date Due	Amount Due	Accum. Child Sup. Arrearage	Accum. Penalty
06/01/2020	*2,560.00	0.00	0.00
07/21/2020	*2,560.00	5,115.16	20.98
08/12/2020	*2,560.00	6,775.06	20.98
09/01/2020	*2,560.00	6,775.06	20.98
10/21/2020	*2,560.00	10,330.12	20.98
11/01/2020	*2,560.00	10,330.12	20.98
12/01/2020	*2,560.00	12,890.12	20.98
01/01/2021	*2,560.00	15,450.12	20.98
02/01/2021	*2,560.00	18,010.12	20.98
02/04/2021	0.00	20,570.12	20.98
Totals	23,040.00	20,570.12	20.98

* Indicates a payment due is designated as child support.

Reports – MLaw

Notes:

Payments are applied to oldest unpaid balance.
Interest and penalties are calculated using number of days past due.
Payments apply to principal amounts only.
Interest is not compounded, but accrued only.
Penalties calculated on past due child support amounts per NRS 125B.095.

Interest Rates Used by Program:

7.00%	from Jan 1960 to Jun 1979	||	8.00%	from Jul 1979 to Jun 1981
12.00%	from Jul 1981 to Jun 1987	||	10.25%	from Jul 1987 to Dec 1987
10.75%	from Jan 1988 to Jun 1988	||	11.00%	from Jul 1988 to Dec 1988
12.50%	from Jan 1989 to Jun 1989	||	13.00%	from Jul 1989 to Dec 1989
12.50%	from Jan 1990 to Jun 1990	||	12.00%	from Jul 1990 to Jun 1991
10.50%	from Jul 1991 to Dec 1991	||	8.50%	from Jan 1992 to Dec 1992
8.00%	from Jan 1993 to Jun 1994	||	9.25%	from Jul 1994 to Dec 1994
10.50%	from Jan 1995 to Jun 1995	||	11.00%	from Jul 1995 to Dec 1995
10.50%	from Jan 1996 to Jun 1996	||	10.25%	from Jul 1996 to Jun 1997
10.50%	from Jul 1997 to Dec 1998	||	9.75%	from Jan 1999 to Dec 1999
10.25%	from Jan 2000 to Jun 2000	||	11.50%	from Jul 2000 to Jun 2001
8.75%	from Jul 2001 to Dec 2001	||	6.75%	from Jan 2002 to Dec 2002
6.25%	from Jan 2003 to Jun 2003	||	6.00%	from Jul 2003 to Dec 2003
6.00%	from Jan 2004 to Jun 2004	||	6.25%	from Jul 2004 to Dec 2004
7.25%	from Jan 2005 to Jun 2005	||	8.25%	from Jul 2005 to Dec 2005
9.25%	from Jan 2006 to Jun 2006	||	10.25%	from Jul 2006 to Dec 2007
9.25%	from Jan 2008 to Jun 2008	||	7.00%	from Jul 2008 to Dec 2008
5.25%	from Jan 2009 to Dec 2012	||	5.25%	from Jan 2013 to Jun 2013
5.25%	from Jul 2013 to Dec 2013	||	5.25%	from Jan 2014 to Jun 2014
5.25%	from Jul 2014 to Dec 2014	||	5.25%	from Jan 2015 to Jun 2015
5.25%	from Jul 2015 to Dec 2015	||	5.50%	from Jan 2016 to Jun 2016
5.50%	from Jul 2016 to Dec 2016	||	5.75%	from Jan 2017 to Jun 2017
6.25%	from Jul 2017 to Dec 2017	||	6.50%	from Jan 2018 to Jun 2018
7.00%	from Jul 2018 to Jan 2019	||	7.50%	from Jan 2019 to Jun 2019
7.50%	from Jul 2019 to Dec 2019	||	6.75%	from Jan 2020 to Jun 2020
5.25%	from Jul 2020 to Dec 2020		5.25%	from Jan 2021 to Jun 2021

Report created by:

Marshal Law version 4.0

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Roberts Stoffel family law group - amanda@lvfamilylaw.com - (702) 474-7007

End of Report

Exhibit “2”

Exhibit “2”

Exhibit “2”

Date Received	Amount Received	Amount Deducted	Net Support Payments
7/8/20		6.53	
7/10/20		250.00	
7/13/20	500.00		
7/13/20		600.00	
7/14/20		86.84	
7/14/20		1,500.00	
7/21/20	2,000.00		
7/27/20		51.79	
		July 2020	4.84
8/3/20		6.53	
8/7/2020		6.53	
8/12/2020	1,000.00		
8/14/2020		86.84	
		August 2020	900.10
9/2/2020		6.53	
9/3/2020		35.00	
		September 2020	-41.53
10/21/2020	1,800.00		
10/21/2020		235.06	
		October 2020	1,564.94
		November 2020	0
		December 2020	0
		January 2021	0
		February 2021	0
			Overall Net Paid
	5,300.00	2,871.65	2,428.25

Steven D. Grierson

1 **SCHD**

2 Amanda M. Roberts, Esq.

3 State Bar of Nevada No. 9294

4 **ROBERTS STOFFEL FAMILY LAW GROUP**

5 4411 S. Pecos Road

6 Las Vegas, Nevada 89121

7 PH: (702) 474-7007

8 FAX: (702) 474-7477

9 EMAIL: efile@lvfamilylaw.com

10 Attorneys for Plaintiff, Emily Bellisario

11 **DISTRICT COURT, FAMILY DIVISION**

12 **CLARK COUNTY, NEVADA**

13 EMILY BELLISARIO,

) Case No: D-20-605263-D

) Dept No: P

14 Plaintiff,

)

15 v.

) **SCHEDULE OF ARREARS FOR**

) **TEMPORARY SUPPORT WITH**

16 BRADLEY BELLISARIO,

) **CONFIRMATION PURSUANT TO**

) **EDCR §5.508.**

17 Defendant.

)

)

)

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)

18
19
20 COMES NOW the Plaintiff, Emily Bellisario, by and through her attorney,

21 Amanda M. Roberts Esq., of Roberts Stoffel Family Law Group, and hereby

22 \\\

23 \\\

24 \\\

25 \\\

26 \\\

27 Page 1 of 4

28 Case Number: D-20-605263-D

MARKE
PROPO
CASE #



ION

AA3670

1 provides a Schedule of Arrears for unpaid temporary support owed by Defendant,
2 Bradley Bellisario.

3 **Exhibit "1"** Schedule of Arrears for temporary support owed for period June
4
5 2019 (i.e. date of separation) through February 4, 2021.

6 DATED this 5th day of February, 2021.

7 **ROBERTS STOFFEL FAMILY LAW GROUP**

8
9 By: Amanda M. Roberts
10 Amanda M. Roberts, Esq.
11 State of Nevada Bar No. 9294
12 4411 S. Pecos Road
13 Las Vegas, Nevada 89121
14 PH: (702) 474-7007
15 FAX: (702) 474-7477
16 EMAIL: efile@lvfamilylaw.com
17 Attorneys for Plaintiff, Emily Bellisario
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1 **Confirmation Pursuant to EDCR §5.508**

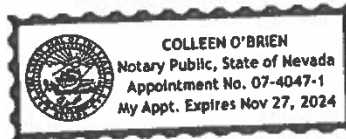
2 I, Emily Bellisario, and under penalty of perjury, pursuant to the best
3
4 information known and available to me, the following schedule accurately sets out
5 the dates and amounts of periodic payments due pursuant to a lawful Court Order,
6 the dates and amounts of all payments received, and the principal, interest and
7 penalties due. I declare under penalty of perjury, under the laws of the State of
8
9 Nevada and the United States (NRS 53.045 and 28 USC § 1746), that the foregoing
10 is true and correct.

11
12 By: _____

Emily Bellisario

13 Subscribed and Sworn to before me
14 on this 5 day of February, 2021.

15 Colleen O'Brien
16 Notary Public in and for
17 said County and State



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CERTIFICATE OF SERVICE

I hereby certify that I am an employee of Roberts Stoffel Family Law Group,
and on the 5 day of February, 2021, I served by and through Wiz-Net
electronic service, pursuant to Clark County District Court Administrative Order
14-2 for service of documents identified in Rule 9 of the N.E.F.C.R., the foregoing
SCHEDULE OF ARREARS FOR TEMPORARY SUPPORT WITH
CONFIRMATION PURSUANT TO *EDCR* §5.508, to the following:

Bradley Bellisario
Email: Bradb@bellisariolaw.com
Defendant in *proper person*

By: CORNIEN
Employee of Roberts Stoffel Family Law Group

Exhibit “1”

Exhibit “1”

Exhibit “1”

Arrearage Calculation Summary

Bellisario (2019 to present) Temporary Support

Page: 1

Report Date: 02/04/2021

Summary of Amounts Due

Total Principal Due 02/04/2021:	\$21,000.00
Total Interest Due 02/04/2021:	\$1,062.12
Total Penalty Due 02/04/2021:	\$0.00
Amount Due if paid on 02/04/2021:	\$22,062.12
Amount Due if paid on 02/05/2021:	\$22,065.14
Daily Amount accruing as of 02/05/2021:	\$3.02

Date Due	Amount Due	Date Received	Amount Received	Accum. Arrearage	Accum. Interest
06/01/2019	1,000.00	06/01/2019	0.00	1,000.00	0.00
07/01/2019	1,000.00	07/01/2019	0.00	2,000.00	6.16
08/01/2019	1,000.00	08/01/2019	0.00	3,000.00	18.90
09/01/2019	1,000.00	09/01/2019	0.00	4,000.00	38.01
10/01/2019	1,000.00	10/01/2019	0.00	5,000.00	62.67
11/01/2019	1,000.00	11/01/2019	0.00	6,000.00	94.52
12/01/2019	1,000.00	12/01/2019	0.00	7,000.00	131.50
01/01/2020	1,000.00	01/01/2020	0.00	8,000.00	176.09
02/01/2020	1,000.00	02/01/2020	0.00	9,000.00	221.83
03/01/2020	1,000.00	03/01/2020	0.00	10,000.00	269.96
04/01/2020	1,000.00	04/01/2020	0.00	11,000.00	327.14
05/01/2020	1,000.00	05/01/2020	0.00	12,000.00	388.00
06/01/2020	1,000.00	06/01/2020	0.00	13,000.00	456.60
07/01/2020	1,000.00	07/01/2020	0.00	14,000.00	528.53
08/01/2020	1,000.00	08/01/2020	0.00	15,000.00	590.78
09/01/2020	1,000.00	09/01/2020	0.00	16,000.00	657.48
10/01/2020	1,000.00	10/01/2020	0.00	17,000.00	726.34
11/01/2020	1,000.00	11/01/2020	0.00	18,000.00	801.93
12/01/2020	1,000.00	12/01/2020	0.00	19,000.00	879.39
01/01/2021	1,000.00	01/01/2021	0.00	20,000.00	963.88
02/01/2021	1,000.00	02/01/2021	0.00	21,000.00	1,053.06
02/04/2021	0.00	02/04/2021	0.00	21,000.00	1,062.12
Totals	21,000.00		0.00	21,000.00	1,062.12

Reports – MLaw

* Indicates a payment due is designated as child support.

Reports – MLaw

Notes:

Payments are applied to oldest unpaid balance.
Interest and penalties are calculated using number of days past due.
Payments apply to principal amounts only.
Interest is not compounded, but accrued only.
Penalties calculated on past due child support amounts per NRS 125B.095.

Interest Rates Used by Program:

7.00%	from Jan 1960 to Jun 1979	||	8.00%	from Jul 1979 to Jun 1981
12.00%	from Jul 1981 to Jun 1987	||	10.25%	from Jul 1987 to Dec 1987
10.75%	from Jan 1988 to Jun 1988	||	11.00%	from Jul 1988 to Dec 1988
12.50%	from Jan 1989 to Jun 1989	||	13.00%	from Jul 1989 to Dec 1989
12.50%	from Jan 1990 to Jun 1990	||	12.00%	from Jul 1990 to Jun 1991
10.50%	from Jul 1991 to Dec 1991	||	8.50%	from Jan 1992 to Dec 1992
8.00%	from Jan 1993 to Jun 1994	||	9.25%	from Jul 1994 to Dec 1994
10.50%	from Jan 1995 to Jun 1995	||	11.00%	from Jul 1995 to Dec 1995
10.50%	from Jan 1996 to Jun 1996	||	10.25%	from Jul 1996 to Jun 1997
10.50%	from Jul 1997 to Dec 1998	||	9.75%	from Jan 1999 to Dec 1999
10.25%	from Jan 2000 to Jun 2000	||	11.50%	from Jul 2000 to Jun 2001
8.75%	from Jul 2001 to Dec 2001	||	6.75%	from Jan 2002 to Dec 2002
6.25%	from Jan 2003 to Jun 2003	||	6.00%	from Jul 2003 to Dec 2003
6.00%	from Jan 2004 to Jun 2004	||	6.25%	from Jul 2004 to Dec 2004
7.25%	from Jan 2005 to Jun 2005	||	8.25%	from Jul 2005 to Dec 2005
9.25%	from Jan 2006 to Jun 2006	||	10.25%	from Jul 2006 to Dec 2007
9.25%	from Jan 2008 to Jun 2008	||	7.00%	from Jul 2008 to Dec 2008
5.25%	from Jan 2009 to Dec 2012	||	5.25%	from Jan 2013 to Jun 2013
5.25%	from Jul 2013 to Dec 2013	||	5.25%	from Jan 2014 to Jun 2014
5.25%	from Jul 2014 to Dec 2014	||	5.25%	from Jan 2015 to Jun 2015
5.25%	from Jul 2015 to Dec 2015	||	5.50%	from Jan 2016 to Jun 2016
5.50%	from Jul 2016 to Dec 2016	||	5.75%	from Jan 2017 to Jun 2017
6.25%	from Jul 2017 to Dec 2017	||	6.50%	from Jan 2018 to Jun 2018
7.00%	from Jul 2018 to Jan 2019	||	7.50%	from Jan 2019 to Jun 2019
7.50%	from Jul 2019 to Dec 2019	||	6.75%	from Jan 2020 to Jun 2020
5.25%	from Jul 2020 to Dec 2020		5.25%	from Jan 2021 to Jun 2021

Report created by:

Marshal Law version 4.0

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Roberts Stoffel family law group - amanda@lvfamilylaw.com - (702) 474-7007

End of Report

Days Calculator: Days Between Two Dates

How many days, months, and years are there between two dates?

Count Days Add Days Workdays Add Workdays Weekday Week No

Advertising

From and including: Friday, February 5, 2021
To, but not including Monday, December 20, 2021

Result: 318 days

It is 318 days from the start date to the end date, but not including the end date.

Or 10 months, 15 days excluding the end date.

Alternative time units

318 days can be converted to one of these units:

- 27,475,200 seconds
- 457,920 minutes
- 7632 hours
- 318 days
- 45 weeks and 3 days
- 87.12% of 2021

February 2021						
24 days included						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2021						
31 days included						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2021–November 2021	
April 2021: 30 days included	
May 2021: 31 days included	
June 2021: 30 days included	
July 2021: 31 days included	
August 2021: 31 days included	
September 2021: 30 days included	
October 2021: 31 days included	
November 2021: 30 days included	

December 2021						
19 days included						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

☒ = First day included (Feb 5, 2021) ☐ = Last day included (Dec 19, 2021)

Make a New Calculation

- Make adjustment and calculate again
- Start again with a new calculation between two other dates
- New calculation, with both date and time included



AA3678



deadline or exactly when those 30
days are up.



© Time and Date AS 1995-2021

CHILD SUPPORT ARREARS

Schedule of Arrears Through
February 4, 2021 (Principal) \$20,570.12

Schedule of Arrears Through
February 4, 2021 (Interest) \$372.42

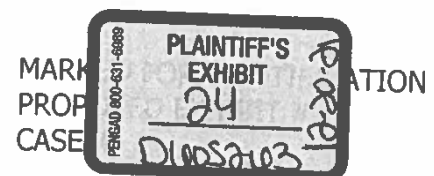
Schedule of Arrears Through
February 4, 2021 (Penalty) \$20.98

Daily Amount Effective February
5, 2021 \$2.95

Number of Days Between
February 5, 2021 and Trial
(December 20, 2021) 318

Total Daily Amount \$938.10

Total Arrears \$23,777.82



AA3680

TEMPORARY SUPPORT ARREARS

**Schedule of Arrears Through
February 4, 2021 (Principal)** \$21,000.00

**Schedule of Arrears Through
February 4, 2021 (Interest)** \$1,062.12

**Daily Amount Effective February
5, 2021** \$3.02

**Number of Days Between
February 5, 2021 and Trial
(December 20, 2021)** 318
Total Daily Amount \$960.36

Total Arrears \$23,982.84



AA3681



DIRECT DIAL: (702) 495-4255
FACSIMILE: (702) 495-4260

KENDRA DENO
EXECUTIVE CONTRACT ADMINISTRATOR

November 11, 2021

Via Electronic Mail
efile@lvfamilylaw.com
Roberts Stoffel Family Law Group
Attn: Amanda M. Roberts, Esq.
4411 South Pecos Road
Las Vegas, NV 89121

Re: Records for Bradley Bellisario

To Whom It May Concern:

This letter is in reference to records of Station Casinos LLC, which are responsive to the above-referenced subpoena, which I have also included a copy of.

I have enclosed a copy of Bradley's win/loss report, comp report, subpoena key, hotel reports and a signed Declaration of Custodian of Records. These documents will satisfy this request.

If you have any questions concerning this information, please contact me and I'll be happy to help you.

Sincerely,

Kendra Deno
Executive Contract Administrator

PLTF1002

AA3682

DECLARATION OF CUSTODIAN OF RECORDS

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

COMES NOW, Kendra Deno, who after being first duly sworn, deposes and says:

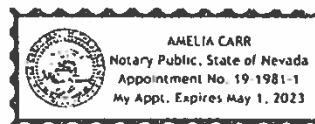
1. That the Deponent is the Custodian of Records of Station Casinos LLC, and in such capacity is the custodian of the business records of the office or institution.
2. That on or about October 28, 2021, Deponent was served a subpoena entitled *Emily Bellisario v. Bradley Bellisario* in the District Court Family Division, Clark County Nevada, Case No. D-20-605263-D which requests any and all documentation as set forth in the subpoena (attached hereto and incorporated herein by reference).
3. That the Deponent has examined the original of those records and has made a true and exact copy of them and that the reproduction of them attached hereto is true and complete.
4. That the original of those records was made at or near the time of the acts, events, conditions, opinions or diagnosis recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of the Deponent or the office or institution in which the Deponent is engaged.

Kendra Deno
CUSTODIAN OF RECORDS

SUBSCRIBED and SWORN TO before me
this 11 day of November, 2021.

Amelia Carr

NOTARY PUBLIC in and for said
County and State.



PLTF1004

AA3684

PLTF1004

AA3684

751006	BAULEY	BELLSAND	RR	Oct 1, 2020	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Oct 1, 2020 12:00:00 PM
751006	BAULEY	BELLSAND	RR	Oct 11, 2020	P	\$4,600.00	\$4,600.00	\$0.00	\$0.00	\$0.00	Oct 11, 2020 4:53:00 PM
751006	BAULEY	BELLSAND	RR	Oct 21, 2020	S	\$3,135.00	\$3,135.00	\$0.00	\$0.00	\$0.00	Oct 21, 2020 5:25:00 PM
751006	BAULEY	BELLSAND	RR	Oct 22, 2020	P	\$4,135.00	\$4,135.00	\$0.00	\$0.00	\$0.00	Oct 22, 2020 6:04:00 PM
751006	BAULEY	BELLSAND	RR	Oct 22, 2020	P	\$5,000.00	\$5,000.00	\$0.00	\$0.00	\$0.00	Oct 22, 2020 11:53:00 PM
751006	BAULEY	BELLSAND	RR	Oct 26, 2020	C	\$13.00	\$13.00	\$0.00	\$0.00	\$0.00	Oct 26, 2020 8:28:00 PM
751006	BAULEY	BELLSAND	RR	Nov 10, 2020	P	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Nov 10, 2020 7:04:00 PM
751006	BAULEY	BELLSAND	RR	Nov 16, 2020	P	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	Nov 16, 2020 7:56:00 PM
751006	BAULEY	BELLSAND	RR	Nov 28, 2020	P	\$700.00	\$300.00	\$0.00	\$0.00	\$0.00	Nov 28, 2020 10:13:00 PM
751006	BAULEY	BELLSAND	RR	Nov 28, 2020	P	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	Nov 28, 2020 10:46:00 PM
751006	BAULEY	BELLSAND	RR	Jan 2, 2021	P	\$700.00	\$1,465.00	\$0.00	\$0.00	\$0.00	Jan 2, 2021 7:46:00 PM
751006	BAULEY	BELLSAND	RR	Jan 2, 2021	P	\$1,125.00	\$1,465.00	\$0.00	\$0.00	\$0.00	Jan 2, 2021 8:12:00 PM
751006	BAULEY	BELLSAND	RR	Jan 2, 2021	P	\$1,465.00	\$2,000.00	\$0.00	\$0.00	\$0.00	Jan 2, 2021 8:12:00 PM
751006	BAULEY	BELLSAND	RR	Jan 7, 2021	P	\$1,465.00	\$1,000.00	\$0.00	\$0.00	\$0.00	Jan 7, 2021 2:53:00 PM
751006	BAULEY	BELLSAND	RR	Mar 7, 2021	P	\$1,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	Mar 7, 2021 3:09:00 PM
751006	BAULEY	BELLSAND	RR	Mar 7, 2021	P	\$2,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	Mar 7, 2021 3:16:00 PM
751006	BAULEY	BELLSAND	RR	Mar 15, 2021	P	\$1,135.00	\$1,135.00	\$0.00	\$0.00	\$0.00	Mar 15, 2021 11:50:00 PM
751006	BAULEY	BELLSAND	RR	Mar 16, 2021	C	\$11.90	\$11.90	\$0.00	\$0.00	\$0.00	Mar 16, 2021 2:08:00 PM
751006	BAULEY	BELLSAND	RR	Mar 16, 2021	C	\$149.00	\$149.00	\$0.00	\$0.00	\$0.00	Mar 16, 2021 12:17:00 PM
751006	BAULEY	BELLSAND	RR	Mar 16, 2021	C	\$18.84	\$18.84	\$0.00	\$0.00	\$0.00	Mar 16, 2021 8:13:00 PM
751006	BAULEY	BELLSAND	RR	Mar 16, 2021	C	\$33.52	\$33.52	\$0.00	\$0.00	\$0.00	Mar 16, 2021 8:13:00 PM
751006	BAULEY	BELLSAND	RR	Mar 16, 2021	C	\$4.34	\$4.34	\$0.00	\$0.00	\$0.00	Mar 16, 2021 8:13:00 PM
751006	BAULEY	BELLSAND	RR	Mar 16, 2021	C	\$159.00	\$159.00	\$0.00	\$0.00	\$0.00	Mar 16, 2021 12:17:00 PM
751006	BAULEY	BELLSAND	RR	Mar 3, 2021	P	\$4,900.00	\$4,900.00	\$0.00	\$0.00	\$0.00	Mar 3, 2021 4:28:00 PM
751006	BAULEY	BELLSAND	RR	Apr 9, 2021	P	\$4,900.00	\$4,900.00	\$0.00	\$0.00	\$0.00	Apr 9, 2021 5:56:00 PM
751006	BAULEY	BELLSAND	RR	Apr 9, 2021	P	\$4,000.00	\$0.00	\$0.00	\$0.00	\$0.00	Apr 9, 2021 10:03:00 AM
751006	BAULEY	BELLSAND	RR	Apr 23, 2021	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Apr 23, 2021 10:03:00 AM
751006	BAULEY	BELLSAND	RR	Jun 1, 2021	P	\$1,200.00	\$1,200.00	\$0.00	\$0.00	\$0.00	Jun 1, 2021 1:58:00 PM
751006	BAULEY	BELLSAND	RR	Jun 1, 2021	P	\$366.25	\$366.25	\$0.00	\$0.00	\$0.00	Jun 1, 2021 3:41:00 PM
751006	BAULEY	BELLSAND	RR	Jun 30, 2021	C	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	Jun 30, 2021 5:07:00 PM
751006	BAULEY	BELLSAND	RR	Jul 29, 2021	C	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	Jul 29, 2021 12:12:00 PM
751006	BAULEY	BELLSAND	RR	Aug 11, 2021	P	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	Aug 11, 2021 3:16:00 PM
751006	BAULEY	BELLSAND	RR	Aug 11, 2021	P	\$4,900.00	\$7,000.00	\$0.00	\$0.00	\$0.00	Aug 11, 2021 3:16:00 PM
751006	BAULEY	BELLSAND	RR	Aug 12, 2021	S	\$22.00	\$22.00	\$0.00	\$0.00	\$0.00	Aug 12, 2021 12:50:00 AM
751006	BAULEY	BELLSAND	RR	Aug 12, 2021	S	\$2,500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	Aug 12, 2021 12:50:00 AM
751006	BAULEY	BELLSAND	RR	Aug 12, 2021	S	\$1,000.00	\$400.00	\$0.00	\$0.00	\$0.00	Aug 12, 2021 11:55:00 PM
751006	BAULEY	BELLSAND	RR	Aug 12, 2021	C	\$5.00	\$5.00	\$0.00	\$0.00	\$0.00	Aug 12, 2021 7:45:00 PM
751006	BAULEY	BELLSAND	RR	Aug 12, 2021	C	\$44.00	\$44.00	\$0.00	\$0.00	\$0.00	Aug 12, 2021 7:45:00 PM
751006	BAULEY	BELLSAND	RR	Aug 12, 2021	C	\$14.00	\$14.00	\$0.00	\$0.00	\$0.00	Aug 12, 2021 8:24:00 PM
751006	BAULEY	BELLSAND	RR	Aug 12, 2021	C	\$13.00	\$13.00	\$0.00	\$0.00	\$0.00	Aug 12, 2021 8:24:00 PM
751006	BAULEY	BELLSAND	RR	Aug 12, 2021	C	\$19.00	\$19.00	\$0.00	\$0.00	\$0.00	Aug 12, 2021 8:24:00 PM
751006	BAULEY	BELLSAND	RR	Aug 12, 2021	C	\$117.90	\$117.90	\$0.00	\$0.00	\$0.00	Aug 12, 2021 12:50:00 AM
751006	BAULEY	BELLSAND	RR	Aug 15, 2021	C	\$20.50	\$20.50	\$0.00	\$0.00	\$0.00	Aug 15, 2021 8:51:00 AM
751006	BAULEY	BELLSAND	RR	Aug 16, 2021	P	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Aug 16, 2021 12:50:00 AM
751006	BAULEY	BELLSAND	RR	Aug 16, 2021	P	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	Aug 16, 2021 12:50:00 AM
751006	BAULEY	BELLSAND	RR	Aug 16, 2021	P	\$13.99	\$13.99	\$0.00	\$0.00	\$0.00	Aug 16, 2021 8:12:00 AM
751006	BAULEY	BELLSAND	RR	Aug 16, 2021	P	\$13.99	\$13.99	\$0.00	\$0.00	\$0.00	Aug 16, 2021 8:12:00 AM
751006	BAULEY	BELLSAND	RR	Aug 16, 2021	P	\$13.99	\$13.99	\$0.00	\$0.00	\$0.00	Aug 16, 2021 8:12:00 AM
751006	BAULEY	BELLSAND	RR	Aug 16, 2021	P	\$36.00	\$36.00	\$0.00	\$0.00	\$0.00	Aug 16, 2021 8:30:00 PM
751006	BAULEY	BELLSAND	RR	Aug 16, 2021	P	\$56.00	\$56.00	\$0.00	\$0.00	\$0.00	Aug 16, 2021 8:30:00 PM
751006	BAULEY	BELLSAND	RR	Aug 16, 2021	P	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Aug 16, 2021 10:47:00 PM
751006	BAULEY	BELLSAND	RR	Aug 17, 2021	C	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	Aug 17, 2021 12:07:00 AM
751006	BAULEY	BELLSAND	RR	Aug 17, 2021	C	\$24.00	\$24.00	\$0.00	\$0.00	\$0.00	Aug 17, 2021 12:07:00 AM
751006	BAULEY	BELLSAND	RR	Aug 17, 2021	C	\$17.20	\$17.20	\$0.00	\$0.00	\$0.00	Aug 17, 2021 12:07:00 AM
751006	BAULEY	BELLSAND	RR	Aug 28, 2021	C	\$4.71	\$4.71	\$0.00	\$0.00	\$0.00	Aug 28, 2021 8:11:00 AM
751006	BAULEY	BELLSAND	RR	Aug 28, 2021	C	\$9.43	\$9.43	\$0.00	\$0.00	\$0.00	Aug 28, 2021 8:11:00 AM
751006	BAULEY	BELLSAND	RR	Aug 28, 2021	C	\$18.86	\$18.86	\$0.00	\$0.00	\$0.00	Aug 28, 2021 12:48:00 AM
751006	BAULEY	BELLSAND	RR	Aug 29, 2021	C	\$3.00	\$3.00	\$0.00	\$0.00	\$0.00	Aug 29, 2021 12:48:00 AM
751006	BAULEY	BELLSAND	RR	Oct 6, 2021	C	\$5.00	\$190.00	\$0.00	\$0.00	\$0.00	Oct 6, 2021 12:00:00 AM

Confidential and Proprietary Property of Dallas County

PLTF1005
AA3685

Subpoena Comp Information Report

Guest Name: BELLISARIO, BRADLEY

Account Number: 7519096

Date Range: Mar 5, 2020 - Oct 28, 2021

Account Number	Property	Date & Time	Prize Description	Comp Amount
7519096	RR	Jun 1, 2020 6:53:00 PM	T-BONES	\$200.00
7519096	RR	Jun 22, 2020 3:19:00 AM		\$80.01
7519096	RR	Jun 22, 2020 5:03:00 PM	T-BONES	\$100.00
7519096	RR	Jul 4, 2020 5:51:00 PM	T-BONES	\$150.00
7519096	RR	Jul 4, 2020 7:04:00 PM	T-BONES	\$100.00
7519096	RR	Jul 7, 2020 6:54:00 PM	T-BONES	\$73.84
7519096	RR	Jul 24, 2020 2:01:00 AM		\$39.00
7519096	RR	Jul 24, 2020 2:02:00 AM	LMS ROOM CHARGE	\$145.01
7519096	RR	Jul 24, 2020 12:13:00 PM		\$491.00
7519096	RR	Jul 25, 2020 2:01:00 AM		\$39.00
7519096	RR	Jul 25, 2020 2:02:00 AM	LMS ROOM CHARGE	\$145.01
7519096	RR	Jul 25, 2020 12:13:00 PM		\$464.61
7519096	RR	Jul 25, 2020 8:49:00 PM	HIGH LIMIT BAR	\$150.00
7519096	RR	Aug 7, 2020 10:30:00 PM	T-BONES	\$375.00
7519096	RR	Aug 13, 2020 9:39:00 PM	T-BONES	\$254.00
7519096	RR	Aug 17, 2020 2:01:00 AM		\$39.00
7519096	RR	Aug 17, 2020 2:01:00 AM	LMS ROOM CHARGE	\$105.01
7519096	RR	Aug 17, 2020 1:54:00 PM		\$68.00
7519096	RR	Aug 17, 2020 4:24:00 PM	T-BONES	\$100.00
7519096	RR	Aug 18, 2020 1:55:00 PM		\$19.97
7519096	RR	Sep 9, 2020 6:53:00 PM	T-BONES	\$309.00
7519096	RR	Sep 10, 2020 11:08:00 PM	YARD HOUSE	\$234.00
7519096	RR	Sep 24, 2020 6:08:00 PM	HEARTHSTONE	\$200.00
7519096	RR	Oct 21, 2020 5:09:00 PM	T-BONES	\$200.00
7519096	RR	Oct 29, 2020 5:08:00 PM	T-BONES	\$110.00
7519096	RR	Oct 30, 2020 3:01:00 AM		\$39.00
7519096	RR	Oct 30, 2020 3:02:00 AM	LMS ROOM CHARGE	\$120.01
7519096	RR	Nov 14, 2020 6:25:00 PM	T-BONES	\$102.00
7519096	RR	Nov 19, 2020 4:19:00 PM	T-BONES	\$108.00

PLTF1006

AA3686

7519096	RR	Nov 28, 2020 10:51:00 PM	T-BONES	\$213.00
7519096	RR	Dec 3, 2020 5:05:00 PM	T-BONES	\$149.00
7519096	RR	Jan 15, 2021 9:20:00 PM	T-BONES	\$122.00
7519096	RR	Feb 19, 2021 8:08:00 PM	T-BONES	\$200.00
7519096	RR	Feb 19, 2021 10:12:00 PM	T-BONES	\$9.00
7519096	RR	Jun 1, 2021 4:26:00 PM	T-BONES	\$100.00
7519096	RR	Sep 11, 2021 3:02:00 AM	T-BONES	\$39.00
7519096	RR	Sep 11, 2021 3:02:00 AM	LMS ROOM CHARGE	\$120.01
7519096	RR	Sep 16, 2021 3:02:00 AM		\$39.00
7519096	RR	Sep 16, 2021 3:03:00 AM	LMS ROOM CHARGE	\$80.01
7519096	RR	Sep 27, 2021 3:02:00 AM		\$39.00
7519096	RR	Sep 27, 2021 3:03:00 AM	LMS ROOM CHARGE	\$80.01
7519096	RR	Sep 29, 2021 3:02:00 AM		\$39.00
7519096	RR	Sep 29, 2021 3:03:00 AM	LMS ROOM CHARGE	\$80.01
7519096	RR	Oct 4, 2021 3:02:00 AM		\$39.00
7519096	RR	Oct 4, 2021 3:03:00 AM	LMS ROOM CHARGE	\$80.01
7519096	RR	Oct 5, 2021 3:02:00 AM		\$39.00
7519096	RR	Oct 5, 2021 3:03:00 AM	LMS ROOM CHARGE	\$80.01

Confidential and Proprietary. Property of Station Casinos.

Subpoena Comp Information Report

Guest Name: BELLISARIO, BRADLEY

Account Number: 7519096

Date Range: Mar 5, 2020 - Oct 28, 2021

Account Number	Property	Date & Time	Prize Description	Comp Amount
7519096	RR	Jun 1, 2020 6:53:00 PM	T-BONES	\$200.00
7519096	RR	Jun 22, 2020 3:19:00 AM		\$80.01
7519096	RR	Jun 22, 2020 5:03:00 PM	T-BONES	\$100.00
7519096	RR	Jul 4, 2020 5:51:00 PM	T-BONES	\$150.00
7519096	RR	Jul 4, 2020 7:04:00 PM	T-BONES	\$100.00
7519096	RR	Jul 7, 2020 6:54:00 PM	T-BONES	\$73.84
7519096	RR	Jul 24, 2020 2:01:00 AM		\$39.00
7519096	RR	Jul 24, 2020 2:02:00 AM	LMS ROOM CHARGE	\$145.01
7519096	RR	Jul 24, 2020 12:13:00 PM		\$491.00
7519096	RR	Jul 25, 2020 2:01:00 AM		\$39.00
7519096	RR	Jul 25, 2020 2:02:00 AM	LMS ROOM CHARGE	\$145.01
7519096	RR	Jul 25, 2020 12:13:00 PM		\$464.61
7519096	RR	Jul 25, 2020 8:49:00 PM	HIGH LIMIT BAR	\$150.00
7519096	RR	Aug 7, 2020 10:30:00 PM	T-BONES	\$375.00
7519096	RR	Aug 13, 2020 9:39:00 PM	T-BONES	\$254.00
7519096	RR	Aug 17, 2020 2:01:00 AM		\$39.00
7519096	RR	Aug 17, 2020 2:01:00 AM	LMS ROOM CHARGE	\$105.01
7519096	RR	Aug 17, 2020 1:54:00 PM		\$68.00
7519096	RR	Aug 17, 2020 4:24:00 PM	T-BONES	\$100.00
7519096	RR	Aug 18, 2020 1:55:00 PM		\$19.97
7519096	RR	Sep 9, 2020 6:53:00 PM	T-BONES	\$309.00
7519096	RR	Sep 10, 2020 11:08:00 PM	YARD HOUSE	\$234.00
7519096	RR	Sep 24, 2020 6:08:00 PM	HEARTHSTONE	\$200.00
7519096	RR	Oct 21, 2020 5:09:00 PM	T-BONES	\$200.00
7519096	RR	Oct 29, 2020 5:08:00 PM	T-BONES	\$110.00
7519096	RR	Oct 30, 2020 3:01:00 AM		\$39.00
7519096	RR	Oct 30, 2020 3:02:00 AM	LMS ROOM CHARGE	\$120.01
7519096	RR	Nov 14, 2020 6:25:00 PM	T-BONES	\$102.00
7519096	RR	Nov 19, 2020 4:19:00 PM	T-BONES	\$108.00

PLTF1008

AA3688

7519096	RR	Nov 28, 2020 10:51:00 PM	T-BONES	\$213.00
7519096	RR	Dec 3, 2020 5:05:00 PM	T-BONES	\$149.00
7519096	RR	Jan 15, 2021 9:20:00 PM	T-BONES	\$122.00
7519096	RR	Feb 19, 2021 8:08:00 PM	T-BONES	\$200.00
7519096	RR	Feb 19, 2021 10:12:00 PM	T-BONES	\$9.00
7519096	RR	Jun 1, 2021 4:26:00 PM	T-BONES	\$100.00
7519096	RR	Sep 11, 2021 3:02:00 AM		\$39.00
7519096	RR	Sep 11, 2021 3:04:00 AM	LMS ROOM CHARGE	\$120.01
7519096	RR	Sep 16, 2021 3:02:00 AM		\$39.00
7519096	RR	Sep 16, 2021 3:03:00 AM	LMS ROOM CHARGE	\$80.01
7519096	RR	Sep 27, 2021 3:02:00 AM		\$39.00
7519096	RR	Sep 27, 2021 3:03:00 AM	LMS ROOM CHARGE	\$80.01
7519096	RR	Sep 29, 2021 3:02:00 AM		\$39.00
7519096	RR	Sep 29, 2021 3:03:00 AM	LMS ROOM CHARGE	\$80.01
7519096	RR	Oct 4, 2021 3:02:00 AM		\$39.00
7519096	RR	Oct 4, 2021 3:03:00 AM	LMS ROOM CHARGE	\$80.01
7519096	RR	Oct 5, 2021 3:02:00 AM		\$39.00
7519096	RR	Oct 5, 2021 3:03:00 AM	LMS ROOM CHARGE	\$80.01

Confidential and Proprietary. Property of Station Casinos.

GAMING SUBPOENA KEY

Top of the page will give you the person's name, the date range that was pulled and the account number.

Column Heading:

Account Number – this is the Boarding Pass (player's card) number that is assigned to this person

First Name – first name of person we are inquiring about

Last Name – last name of person we are inquiring about

Property – two letter code associated with which property the play occurred at (property key attached)

Date of Play – the date that the play occurred

Product Type – Three possibilities for this column: S= slots/P= pit/O=other, i.e. bingo, keno, poker, race & sports

Chip/Coin In – this represents how much was bet during this particular time spent playing. This DOES NOT mean how much the person physically put into the machine but rather they put some money in and then they continued to play off that money PLUS any winnings as they go along. We do not track what the initial amount input into the machine was.

Coin Out – this represents the aggregate amount that person won or lost on bets made during this particular time spent playing. This is NOT a representation of cash removed from the machine. There is no way for us to tell how much money the cash out slip was for.

Jackpot – lets us know if a jackpot was won during this play and how much the payout was. A jackpot is normally a hand pay-out. It does not mean that they cashed out of the machine and then restarted playing.

Actual Win – this number represents how much this person won or lost during this particular play.

Play Start Date & Time – tells us what time this person started to play with their Boarding Pass

Play Stop Date & Time – tells us what time this person stopped playing with their Boarding Pass

Sometimes if the person is playing pit "P=table games"; you will see a "Chip/Coin In" amount of \$0.00 with a "Chip/Coin Out" amount of some dollar amount. The reason for this is because that person sat at a table and bought a certain amount of chips, which resulted in that amount to be documented under that play as "Chip/Coin In". They then decided to move to another table but instead of buying more chips, they brought with them the chips from the previous table, so therefore, no "Chip/Coin In." (i.e.: "Chip/Coin In" \$0.00/"Coin Out" \$250.00/"Actual Win" \$250.00)

GM2G 11/06/2021 09:08:30 GINFO Red Rock Resort Spa Casino
 CMD Cas# 7519096 Offer Reservation Change
 Arrive 100521 Tue Depart 100621 Wed A/C 2 RatePlan RAIN
 Group
 Status 0 CK/OUT Action
 GrpBC
 Wg Type Room# Rate A/C
 RR S1 16145 80.01 2 RMK REQ
 wn NRG Ovrld NetRt N PrtRate Y Turndo
 By Perm N Confirmation 2FFHT Cancel# ResAdd
 Reservation# 444735217178
 Last BELLISARIO First BRADLEY Title GType
 Card PLAT Guest HistID 438665175523 Rtn Gst
 Firm Attn Add
 rType H Last Visit 10/05/21 Trips 12
 Addr 7100 GRD MNTCTO PKWY UNIT 2054 Addr2
 Total Rev \$4569.16 Nights 16
 City LAS VEGAS State/Prov NV Zip 891490270 Country
 eMail bellisar@cox.net Conf
 Y Folio N
 Phone 309 397-6734 Ext Cell VIP
 PC

City Ledger
 ervation rival Time Agents Who Have Worked On This Res
 Stl Method FVS Nbr 434257*****785 Hist ID 438665175523
 Crdt Lmt .00 Check Lmt Agent Date
 Time ference#
 Dep Req Amt .00 Req Date Reservations JJIMEN 10/05/21
 15:22 K
 Dep Rec Amt .00 Rec Date Check In AARMOU 10/05/21
 15:22 R
 Bill Code Effective Check Out DCATAC 10/06/21
 9:40 H
 Grp Blcd OR Ovr Eff Dt Last Modified DCATAC 10/06/21
 9:40 ntral Res#
 Advice Code Last Confirmation
 Last Number yalty
Enter

F2=Nxt F3=Exit F4=Prompt F6=AddN&A F8=Duplicate F9
 =TravelInfo F10=InvIng F11=GuestSvcs F12=Previous
 F14=Room/Suite F15=MoreRooms F16=DspUsr F17=BillCd
 F22=RegCard F24=T/A

PLTF1011

AA3691

GSC0156

11/06/2021
09:08:55

GSCOR18

RED ROCK CASINO RESORT & SPA
FOLIO DISPLAY - GUEST PAY

BRADLEY BELLISARIO Cas# 7519096 Wing RR Room
16145 Res ID 444735217178
1=Select 2=Partial 5=Display
Folio 444735217409 Total00.

Opt	Date	Time	Ticket	Rev Ctr / Description	Ticket Type
Comment	From	To	Split	Amount	
10/05/2021	17:47:28	00219-16145	MIN MINI BAR		REVENUE
16145 174730			6.50		
10/06/2021	09:40:58		FRONT DESK VISA CARD		PAYMENT
			6.50-		

Press enter to return to the Guest Checkout / Settlement display

F3=Exit

F6=DataMagine

F10=Print Folio

F12=Cancel

lio

F16=Suppress Print

F21=Balance Fo

PLTF1012

AA3692

GSXG

11/06/2021
09:08:59

GSXW RED ROCK CASINO RESORT & SPA
Maintain Guest Services

BELLISARIO, BRADLEY
ADD MESSAGE OR COMMENT Type: Alert: _ Perm: _
Sts CHECK-OUT RR 16145

Arv 10/05/2021
Dep 10/06/2021 Card PLAT
Ofr Group

MORE LINES Y/N:
ADD WAKE UP CALL Time Date Change Mail/Fax Flag _ Change H
ousekeeping Class of Service FS GRA

ADD SPEC REQUEST Type _ Alert _ Perm _ FIXED Req _ OR _

Messages, Requests and Comments

Type Sts Pm Act Pop ACT A=More Information C=Change D=Delete F=Forward/Finish
H=History P=Print Created
Chrg Req _ _ _ RESORT FEE \$39+TAX - (\$44.07)
10/05/21 15:22
Internal _ _ _ ALICIA FRONT DESK APPROVED THE RESERVATION BOOKING W/OUT
CC 10/05/21 15:23

F3=Exit F4=Prompt

F21=SMS Log

F9=Restrictions
F19=CC Detail

Bottom

F11=Display All

PLTF1013

AA3693

GM2G 11/06/2021

Red Rock Resort Spa Casino

09:09:12

GINFO

CMD Cas# 7519096 Offer Reservation Change

Arrive 100421 Mon Depart 100521 Tue A/C 2 RatePlan RAIN

Group
Status 0 CK/OUT Action

GrpBC
Wg Type Room# Rate A/C

RR S2. 10153 80.01 2
wn NRG

REQ
Ovrid NetRt N PrtRate Y Turndo

ResAdd

By Perm N Confirmation B63TQ Cancel#

Reservation# 444725172087

Last BELLISARIO First BRADLEY Title GType
Card PLAT Guest HistID 438665175523 Rtn Gst

Firm Last Visit 10/05/21 Trips 12 Attn Add

rType H 7100 GRD MNTCTO PKWY UNIT 2054 Addr2

Addr Total Rev \$4569.16 Nights 16
City LAS VEGAS State/Prov NV Zip 891490270 Country

eMail bellisar@cox.net Conf

Y Folio Y
Phone 309.397-6734 Ext Cell VIP

PC

City Ledger Agents Who Have Worked On This Res

ervation rival Time

Stl Method FDS Nbr 601100*****929 Hist ID 438665175523

avel Agent
Crdt Lmt .00 Check Lmt Agent Date

Time ference#
Dep Req Amt .00 Req Date Reservations PGAMBO 10/04/21

21 K
Dep Rec Amt .00 Rec Date Check In PGAMBO 10/05/21

23 R
Bill Code Effective Check Out AARMOU 10/05/21

11:19 H
Grp Blcd OR Ovr Eff Dt Last Modified AARMOU 10/05/21

11:19 ntral Res#
Advice Code Last Confirmation

Last Number yalty
.....Enter

F2=Nxt F3=Exit F4=Prompt F6=AddN&A F8=Duplicate F9
=TravelInfo F10=InvIng F11=GuestSvcs F12=Previous
F14=Room/Suite F15=MoreRooms F16=DspUsr F17=BillCd
F22=RegCard F24=T/A

PLTF1014

AA3694

GSXG

11/06/2021
09:09:21

GSXW RED ROCK CASINO RESORT & SPA
Maintain Guest Services

BELLISARIO, BRADLEY
ADD MESSAGE OR COMMENT Type:
Sts CHECK-OUT

Alert: - Perm: -
RR 10153

Arv 10/04/2021

Dep 10/05/2021

Card PLAT

Ofr

Group

ADD WAKE UP CALL Time MORE LINES Y/N:
ousekeeping Class of Service FS Date Change Mail/Fax Flag _ Change H
GRA

ADD SPEC REQUEST Type _ Alert _ Perm _ FIXED Req _ OR _

Messages, Requests and Comments

Type Sts Pm Act Pop ACT A=More Information C=Change D=Delete F=Forward/Finish
H=History P=Print Created
Chrg Req RESORT FEE \$39+TAX - (\$44.07)
10/04/21 :23

F3=Exit F4=Prompt

F9=Restrictions
F19=CC Detail

Bottom

F11=Display All

F21=SMS Log

PLTF1015

AA3695

GM2G 11/06/2021

Red Rock Resort Spa Casino

09:09:54

GINFO

CMD _ Cas# 7519096 Offer Reservation Change

Arrive 92921 Wed Depart 93021 Thu A/C 2 RatePlan RAIN

Group
Status 0 CK/OUT Action

GrpBC
Wg Type Room# Rate A/C

RR SG. 10131 80.01 2 RMK REQ
wn NRG Ovrid NetRt N PrtRate Y Turndo

By _ Perm N Confirmation CSJZY Cancel#

ResAdd

Reservation# 444674778466

Last BELLISARIO First BRADLEY Title GType UF
Card GOLD Guest HistID 438665175523 Rtn Gst

Firm
rType H Last Visit 10/05/21 Attn Add

Addr 7100 GRD MNTCTO PKWY UNIT 2054 Addr2 12

Total Rev \$4569.16 Nights 16
City LAS VEGAS State/Prov NV Zip 891490270 Country

eMail bellisar@cox.net Conf

Y Folio Y
Phone 309 397-6734 Ext Cell VIP
PC

City Ledger
ervation Agents Who Have Worked On This Res

Stl Method FVS Nbr 434257*****785 Hist ID 438665175523

avel Agent

Crdt Lmt .00 Check Lmt Agent Date

Time ference#
Dep Req Amt .00 Req Date Reservations DBABAY 9/29/21

14:12 K
Dep Rec Amt .00 Rec Date Check In DBABAY 9/29/21

14:13 R
Bill Code Effective Check Out AARMOU 9/30/21

12:14 H
Grp Blcd OR Ovr Eff Dt Last Modified AARMOU 9/30/21

12:14 ntral Res#
Advice Code Last Confirmation

Last Number yaltyEnter

F2=Nxt F3=Exit F4=Prompt F6=AddN&A F8=Duplicate F9
=TravelInfo F10=InvIng F11=GuestSvcs F12=Previous
F14=Room/Suite F15=MoreRooms F16=DspUsr F17=BillCd
F22=RegCard F24=T/A

PLTF1016

AA3696

GSXG

11/06/2021
09:09:59RED ROCK CASINO RESORT & SPA
GSXW
Maintain Guest ServicesBELLISARIO, BRADLEY
ADD MESSAGE OR COMMENT Type: Alert: _ Perm: _
Sts CHECK-OUT RR 10131

Arv 09/29/2021

Dep 09/30/2021 Card GOLD

Ofr Group

MORE LINES Y/N:
ADD WAKE UP CALL Time Date Change Mail/Fax Flag _ Change H
ousekeeping Class of Service FS GRA

ADD SPEC REQUEST Type _ Alert _ Perm _ FIXED Req _ OR _

Messages, Requests and Comments

Type	Sts	Pm	Act	Pop	ACT	A=More Information	C=Change	D=Delete	F=Forward/Finish
H=History P=Print Created									
Chrg Req					UPGRADE SIGNATURE SUITE \$150/NT				
					9/29/21 14:12				
Folio Cm					UPGRADE SIGNATURE SUITE ADDITIONAL \$150+TAX/NT				
					9/29/21 14:13				
Chrg Req					RESORT FEE \$39+TAX - (\$44.07)				
					9/29/21 14:13				

F3=Exit F4=Prompt

F9=Restrictions
F19=CC Detail

Bottom

F11=Display All

F21=SMS Log

PLTF1017

AA3697

GSC015G

11/06/2021
09:10:06

GSCOR18

RED ROCK CASINO RESORT & SPA

FOLIO DISPLAY - GUEST PAY FOLI

0

BRADLEY BELLISARIO Cas# 7519096 Wing RR Room
10131 Res ID 444674778466
1=Select 2=Partial 5=Display
Folio 444674779865 Total00

Opt	Date	Time	Ticket	Rev Ctr / Description	Ticket Type
Comment	From	To	Split	Amount	
09/29/2021	14:34:05	00072-10131	MIN MINI BAR	REVENUE	
10131 143404			6.50		
09/29/2021	14:34:05	00073-10131	MIN MINI BAR	REVENUE	
10131 143403			21.68		
09/29/2021	17:35:27	00117-10131	MIN MINI BAR	REVENUE	
10131 173526			6.50		
09/29/2021	18:34:18	00131-10131	MIN MINI BAR	REVENUE	
10131 183418			8.67		
09/29/2021	03:02:11		RMS ROOM REVENUE	REVENUE	
UPGRADE SIGNATU			169.50		
09/30/2021	12:14:31		FRONT DESK VISA CARD	PAYMENT	
			212.85-		

Press enter to return to the Guest Checkout / Settlement display

F3=Exit

F6=DataMagine

F10=Print Folio

F12=Cancel

F16=Suppress Print

F21=Balance Fo

lio

PLTF1018

AA3698

09:10:16 11/00/2021

Red Rock Resort Spa Casino

CMD Cas# 7519096 Offer

GINFO

Reservation Change

Arrive 92721 Mon Depart 92821 Tue

A/C 2

RatePlan RAIN

Group
Status 0 CK/OUT Action

GrpBC
Wg Type Room# Rate A/C

RR S1. 17155 80.01 2
wn NRG

REQ
Ovrid NetRt N PrtRate Y Turndo

By Perm N Confirmation CGPKT Cancel#

ResAdd

Reservation# 444654665166

Last BELLISARIO First BRADLEY Title GType

Card GOLD Guest HistID 438665175523 Rtn Gst
Firm
rType H Last Visit 10/05/21 Attn Add
Addr 7100 GRD MNTCTO PKWY UNIT 2054 Trips 12

Total Rev \$4569.16 Nights 16
City LAS VEGAS State/Prov NV Zip 891490270 Country

eMail bellisar@cox.net Conf

Y Folio Y
Phone 309 397-6734 Ext Cell VIP

PC

City Ledger

ervation [redacted] Agents Who Have Worked On This Res

Stl Method FDS Nbr 601100*****929 Hist ID 438665175523

Crdt Lmt .00 Check Lmt

Time Reference# Agent Date

Dep Req Amt .00 Req Date Reservations RDOMIN 9/27/21

20:46 K R .00 Rec Date Check In RDOMIN 9/27/21

20:48 H Effective Check Out AARMOU 9/28/21

13:56 Grp Blcd OR Ovr Eff Dt Last Modified AARMOU 9/28/21

13:56 ntral Res# Last Confirmation

Advice Code Last Number yalty

[redacted]Enter [redacted]

F2=Nxt F3=Exit F4=Prompt F6=AddN&A F8=Duplicate F9
=TravelInfo F10=InvIng F11=GuestSvcs F12=Previous
F14=Room/Suite F15=MoreRooms F16=DspUsr F17=BillCd
F22=RegCard F24=T/A

PLTF1019

AA3699

GSXG

11/06/2021
09:10:22

GSXW

RED ROCK CASINO RESORT & SPA
Maintain Guest Services

BELLISARIO, BRADLEY
ADD MESSAGE OR COMMENT Type: Alert: _ Perm: _
Sts CHECK-OUT RR 17155

Arv 09/27/2021

Dep 09/28/2021 Card GOLD

Ofr Group

ADD WAKE UP CALL Time MORE LINES Y/N:
ousekeeping Class of Service FS Date Change Mail/Fax Flag Change H
GRA

ADD SPEC REQUEST Type Alert Perm FIXED Req OR

Messages, Requests and Comments

Type Sts Pm Act Pop ACT A=More Information C=Change D=Delete F=Forward/Finish
H=History P=Print Created
Chrg Req RESORT FEE \$39+TAX (\$44.07)
9/27/21 20:48

F3=Exit F4=Prompt

F9=Restrictions
F19=CC Detail

Bottom

F11=Display All

F21=SMS Log

PLTF1020

AA3700

GSC015G

11/06/2021
09:10:27

GSCOR18

RED ROCK CASINO RESORT & SPA
FOLIO DISPLAY - GUEST PAY FOLI

0

BRADLEY BELLISARIO Cas# 7519096 Wing RR Room
 17155 Res ID 444654665166
 1=Select 2=Partial 5=Display
 Folio 444654667283 Total00

Opt	Date	Time	Ticket	Rev Ctr / Description	Ticket Type
Comment	From	To	Split	Amount	
	09/27/2021	21:30:58	1809	LONG DISTANCE	LONG DISTANCE
7204568870	0			5.00	
- 09/27/2021	21:30:59	1810		LONG DISTANCE	LONG DISTANCE
7204568870	0			12.29	
- 09/28/2021	08:10:17		006150070	R/S ROOM SERVICE	REVENUE
444654665166				51.37	
- 09/28/2021	08:23:00		00013-17155	MIN MINI BAR	REVENUE
17155 082302				4.34	
- 09/28/2021	09:41:50		00019-17155	MIN MINI BAR	REVENUE
17155 094154				5.42	
- 09/28/2021	13:56:42			FRONT DESK DISCOVER	PAYMENT
				78.42-	

Press enter to return to the Guest Checkout / Settlement display

F3=Exit

F6=DataMagine

F10=Print Folio

F12=Cancel

lio

F16=Suppress Print

F21=Balance Fo

PLTF1021

AA3701

GMI2G 11/06/2021 09:10:40 Red Rock Resort Spa Casino
 CMD Cas# 7519096 Offer GINFO Reservation Change
 Arrive 91621 Thu Depart 91721 Fri A/C 2 RatePlan RAIN
 Group
 Status 0 CK/OUT Action T/WITH
 GrpBC
 Wg Type Room# Rate A/C
 RR S1 15137 80.01 2 RMK REQ
 wn NRG Ovrid NetRt N PrtRate Y Turndo
 By Perm N Confirmation CJ6PY Cancel# ResAdd
 Reservation# 444544114380
 Last BELLISARIO First BRADLEY Title GType
 Card GOLD Guest HistID 438665175523 Rtn Gst
 Firm Attn Add
 rType H Last Visit 10/05/21 Trips 12
 Addr 7100 GRD MNTCTO PKWY UNIT 2054 Addr2
 City LAS VEGAS State/Prov NV Zip 891490270 Country
 eMail bellisar@cox.net Conf
 Y Folio Y
 Phone 309 397-6734 Ext Cell VIP
 PC

City Ledger
 ervation rival Time Agents Who Have Worked On This Res
 Stl Method FDS Nbr 601100*****929 Hist ID 438665175523
 Crdt Lmt .00 Check Lmt Agent Date
 Time ference#
 Dep Req Amt .00 Req Date Reservations DCATAC 9/16/21
 9:57 K
 Dep Rec Amt .00 Rec Date Check In MMIHAI 9/16/21
 10:44 R
 Bill Code Effective Check Out AARMOU 9/17/21
 11:26 H
 Grp Blcd OR Ovr Eff Dt Last Modified AARMOU 9/17/21
 11:26 ntral Res#
 Advice Code Last Confirmation
 Last Number yalty Enter

F2=Nxt F3=Exit F4=Prompt F6=AddN&A F8=Duplicate F9
 =TravelInfo F10=InvIng F11=GuestSvcs F12=Previous
 F14=Room/Suite F15=MoreRooms F16=DspUsr F17=BillCd F19=Trave
 lWith F22=RegCard F24=T/A

PLTF1022

AA3702

GSXG

11/06/2021
09:10:46GSXW RED ROCK CASINO RESORT & SPA
Maintain Guest ServicesBELLISARIO, BRADLEY
ADD MESSAGE OR COMMENT Type: Alert: _ Perm: _
Sts CHECK-OUT RR 15137

Arv 09/16/2021

Dep 09/17/2021 Card GOLD

Ofr Group

MORE LINES Y/N:
ADD WAKE UP CALL Time Date Change Mail/Fax Flag _ Change H
ousekeeping Class of Service FS GRA

ADD SPEC REQUEST Type _ Alert _ Perm _ FIXED Req _ OR _

Messages, Requests and Comments

Type	Sts	Pm	Act	Pop	ACT	A=More Information	C=Change	D=Delete	F=Forward/Finish
H=History	P=Print								Created
Internal									
B2B / AWARE ID-AND CC- IS									GUEST WILL COME DOWN BEFORE C/O TIME TO CHECK IN FOR NEW
Chrg Req									9/16/21 9:58
									RESORT FEE \$39+TAX - (\$44.07)
									9/16/21 10:44

F3=Exit F4=Prompt

F9=Restrictions
F19=CC Detail

Bottom

F11=Display All

F21=SMS Log

PLTF1023

AA3703

GSCU150

11/06/2021
09:10:53

GSCOR18

RED ROCK CASINO RESORT & SPA
FOLIO DISPLAY - GUEST PAY

BRADLEY
15137 Res ID 444544114380 BELLISARIO Cas# 7519096 Wing RR Room
1=Select 2=Partial 5=Display
Folio 444544117016 Total .00

Opt	Date	Time	Ticket	Rev Ctr / Description	Ticket Type
Comment	From	To	Split	Amount	
09/16/2021 12:42:06	00073-15137		MIN MINI BAR	REVENUE	
15137 124210			4.34		
09/16/2021 21:28:55	006192205		STK THE STEAKHOUSE	REVENUE	
444544114380			144.21		
09/16/2021 22:24:01	00178-15137		MIN MINI BAR	REVENUE	
15137 222405			4.34		
09/16/2021 22:31:41	00181-15137		MIN MINI BAR	REVENUE	
15137 223145			4.34		
09/16/2021 01:40:11	00220-15137		MIN MINI BAR	REVENUE	
15137 014016			6.50		
09/16/2021 01:40:11	00221-15137		MIN MINI BAR	REVENUE	
15137 014015			6.50		
09/17/2021 03:02:10	00001-15137		MIN MINI BAR	REVENUE	
15137 030215			8.67		
09/17/2021 10:03:05	00022-15137		MIN MINI BAR	REVENUE	
15137 100305			4.34		
09/17/2021 10:03:05	00023-15137		MIN MINI BAR	REVENUE	
15137 100304			5.42		
09/17/2021 11:26:38			FRONT DESK DISCOVER	PAYMENT	
			188.66-		

Press enter to return to the Guest Checkout / Settlement display

F3=Exit

F6=DataMagine

F10=Print Folio

F12=Cancel

lio

F16=Suppress Print

F21=Balance Fo

PLTF1024

AA3704

GM2G 11/06/2021

Red Rock Resort Spa Casino

09:11:02

GINFO

CMD Cas# 7519096 Offer

Reservation Change

Arrive 91421 Tue Depart 91621 Thu

A/C 2

RatePlan 01M4BAR

Group

Status 0 CK/OUT

Action

T/WITH

GrpBC

Wg Type Room#

Rate A/C

RMK

REQ

Ovrid

NetRt N PrtRate Y Turndo

RR S1 15137 39.00 2

wn NRG

ResAdd

By Perm N Confirmation BWWF2 Cancel#

Reservation# 444524021488

Last BELLISARIO

First BRADLEY

Title GType

Card GOLD Guest HistID 438665175523

Rtn Gst

Add

Firm

rType H

Addr

Last Visit 10/05/21

Attn

Trips 12

7100 GRD MNTCTO PKWY UNIT 2054

Addr2

Total Rev \$4569.16

Nights 16

City

LAS VEGAS

State/Prov NV

Zip

891490270

Country

eMail bellisar@cox.net

Conf

Y Folio Y

Phone

309 397-6734

Ext

Cell

VIP

PC

City Ledger

Agents Who Have Worked On This Res

ervation rival Time

Stl Method FMC

Nbr 512107*****593

Hist ID 438665175523

Crdt Lmt

.00

Check Lmt

Agent

Date

Time

ference#

Dep Req Amt

.00

Req Date

Reservations

CVERDI

9/14/21

14:27

K

Rec Date

Check In

CVERDI

9/14/21

14:28

R

Effective

Check Out

MMIHAI

9/16/21

10:43

H

Ovr Eff Dt

Last Modified

MMIHAI

9/16/21

10:43

ntal Res#

Last Confirmation

Advice Code

Last Number

yalty

.....Enter

F2=Nxt F3=Exit F4=Prompt

F6=AddN&A

F8=Duplicate F9

=TravelInfo F10=InvIng F11=GuestSvcs F12=Previous

F14=Room/Suite F15=MoreRooms F16=DspUsr F17=BillCd

F19=Trave

lWith

F22=RegCard

F24=T/A

PLTF1025

AA3705

GSXG

11/06/2021
09:11:09GSXW RED ROCK CASINO RESORT & SPA
Maintain Guest ServicesBELLISARIO, BRADLEY
ADD MESSAGE OR COMMENT Type: Alert: _ Perm: _
Sts CHECK-OUT RR 15137Arv 09/14/2021
Dep 09/16/2021 Card GOLD
Ofr GroupADD WAKE UP CALL Time MORE LINES Y/N:
ousekeeping Class of Service FS Date Change Mail/Fax Flag _ Change H

ADD SPEC REQUEST Type _ Alert _ Perm _ FIXED Req _ OR _

Messages, Requests and Comments

Type	Sts	Pm	Act	Pop	ACT	A=More Information	C=Change	D=Delete	F=Forward/Finish
H=History	P=Print								
Internal	-	-	-						
Internal	-	-	D						
Chrg Req	-								

RATE PER PLAYERS CARD
 9/14/21 14:28
 CALL HOST BEFORE CHARGING
 9/14/21 14:28
 RESORT FEE \$39+TAX - (\$44.07)
 9/14/21 14:28

F3=Exit F4=Prompt

F21=SMS Log

F9=Restrictions
F19=CC Detail

Bottom

F11=Display All

PLTF1026

AA3706

GSC015G

11/06/2021
09:11:17

GSCOR18

RED ROCK CASINO RESORT & SPA

FOLIO DISPLAY - GUEST PAY FOLI

0

BRADLEY BELLISARIO Cas# 7519096 Wing RR Room
 15137 Res ID 444524021488
 1=Select 2=Partial 5=Display
 Folio 444524027855 Total00

Opt	Date	Time	Ticket	Rev Ctr / Description	Ticket Type
Comment	From	To	Split	Amount	
09/14/2021	17:19:19		001991545	GFT GIFTSHOP	REVENUE
444524021488				28.74	
09/14/2021	17:30:31	0		MOV IN-ROOM MOVIE	REVENUE
				13.99	
09/14/2021	22:27:04	00176-15137		MIN MINI BAR	REVENUE
15137 222704				6.50	
09/14/2021	22:45:05	00179-15137		MIN MINI BAR	REVENUE
15137 224505				21.68	
09/14/2021	03:01:57	RR15137		RST RESORT FEE	REVENUE
RESORT FEE \$39+				44.07	
09/14/2021	03:03:37	RR15137		RMS ROOM CHARGE RR	ROOM CHARGE
				44.07	
09/15/2021	08:50:01	009277288		STH STARBUCKS HOTEL	REVENUE
444524021488				24.22	
09/15/2021	10:18:29	00032-15137		MIN MINI BAR	REVENUE
15137 101831				4.34	
09/15/2021	11:08:54	00049-15137		MIN MINI BAR	REVENUE
15137 110855				4.34	
09/15/2021	12:40:17	001986646		GFT GIFTSHOP	REVENUE
444524021488				14.23	
09/15/2021	14:17:10	00087-15137		MIN MINI BAR	REVENUE
15137 141712				4.34	
09/15/2021	03:01:57	RR15137		RST RESORT FEE	REVENUE
RESORT FEE \$39+				44.07	
09/15/2021	03:03:26	RR15137		RMS ROOM CHARGE RR	ROOM CHARGE
				44.07	

Press enter to return to the Guest Checkout / Settlement display

F3=Exit

F6=DataMagine

F10=Print Folio

F12=Cancel

lio

F16=Suppress Print
Up

F18=Bottom

F21=Balance Fo

PLTF1027

AA3707

GSC015G

11/06/2021
09:11:20

GSCOR18

RED ROCK CASINO RESORT & SPA

FOLIO DISPLAY - GUEST PAY FOLI

0

BRADLEY BELLISARIO Cas# 7519096 Wing RR Room
15137 Res ID 444524021488
1=Select 2=Partial 5=Display
Folio 444524027855 Total00

Opt	Date	Time	Ticket	Rev Ctr / Description	Ticket Type
Comment		From To	Split	Amount	
	09/15/2021	03:03:26	RR15137	RMS ROOM CHARGE RR	ROOM CHARGE
				44.07	
-	09/16/2021	08:11:06	006058907	CAF CAFE	REVENUE
	444524021488			21.40	
-	09/16/2021	10:43:55		FRONT DESK MASTERCAR	PAYMENT
				320.06-	

Press enter to return to the Guest Checkout / Settlement display

F3=Exit

F6=DataMagine

F10=Print Folio

F12=Cancel

lio

F16=Suppress Print

F17=Top
Down

F21=Balance Fo

PLTF1028

AA3708

GM2G 11/06/2021

Red Rock Resort Spa Casino

09:11:32

GINFO

CMD Cas# 7519096 Offer Reservation Change

Arrive 91121 Sat Depart 91321 Mon A/C 2 RatePlan RAIN

Group
Status 0 CK/OUT Action

GrpBC
Wg Type Room# R/C Rate A/C

RR C2. 5146 39.00 2
wn NRG

REQ
Ovrid 0 NetRt N PrtRate Y Turndo

ResAdd

By Perm N Confirmation NJXYF Cancel#

Reservation# 444493860871

Last BELLISARIO First BRADLEY Title GType

Card GOLD Guest HistID 438665175523 Rtn Gst

Firm Attn Add

rType H Last Visit 10/05/21 Trips 12

Addr 7100 GRD MNTCTO PKWY UNIT 2054 Addr2

Total Rev \$4569.16 Nights 16

City LAS VEGAS State/Prov NV Zip 891490270 Country US

eMail bradb@bellisariolaw.com Conf

Y Folio Y

Phone 309 397-6734 Ext Cell VIP

PC

City Ledger Agents Who Have Worked On This Res

ervation Stl Method FMC Nbr 512107*****593 Hist ID 438665175523

avel Agent

Crtd Lmt .00 Check Lmt Agent Date

Time ference#

Dep Req Amt .00 Req Date Reservations DMARIG 9/11/21

15:51 K

Dep Rec Amt .00 Rec Date Check In DMARIG 9/11/21

15:51 R

Bill Code Effective Check Out AURIAR 9/13/21

12:12 H

Grp Blcd OR Ovr Eff Dt Last Modified PGAMBO 9/13/21

1:15 ntral Res#

Advice Code Last Confirmation

Last Number yalty

.....Enter

F2=Nxt F3=Exit F4=Prompt F6=AddN&A F8=Duplicate F9

=TravelInfo F10=InvIng F11=GuestSvcs F12=Previous

F14=Room/Suite F15=MoreRooms F16=DspUsr F17=BillCd

F22=RegCard F24=T/A

PLTF1029

AA3709

GSXG

11/06/2021
09:11:38

GSXW RED ROCK CASINO RESORT & SPA
Maintain Guest Services

BELLISARIO, BRADLEY
ADD MESSAGE OR COMMENT Type: Alert: _ Perm: _
Sts CHECK-OUT RR 5146

Arv 09/11/2021

Dep 09/13/2021 Card GOLD

Ofr Group

ADD WAKE UP CALL Time MORE LINES Y/N:
ousekeeping Class of Service FS Date Change Mail/Fax Flag _ Change H
GRA

ADD SPEC REQUEST Type _ Alert _ Perm _ FIXED Req _ OR _

Messages, Requests and Comments

Type Sts Pm Act Pop ACT A=More Information C=Change D=Delete F=Forward/Finish
H=History P=Print Created
Chrg Req RESORT FEE \$39+TAX - (\$44.07)
9/11/21 15:51

F3=Exit F4=Prompt

F21=SMS Log

F9=Restrictions
F19=CC Detail

Bottom

F11=Display All

PLTF1030

AA3710

GSC0150

11/00/2021
09:11:42

GSCOR18

RED ROCK CASINO RESORT & SPA

FOLIO DISPLAY - GUEST PAY

BRADLEY BELLISARIO Cas# 7519096 Wing RR Room
 5146 Res ID 444493860871
 1=Select 2=Partial 5=Display
 Folio 444493860985 Total00

Opt	Date	Time	Ticket	Rev Ctr / Description	Ticket Type
Comment	From	To	Split	Amount	
09/11/2021 18:43:31	00201-5146	MIN MINI BAR	REVENUE		
5146 184332		6.50			
09/11/2021 18:43:31	00202-5146	MIN MINI BAR	REVENUE		
5146 184331		8.67			
09/11/2021 21:37:45	00239-5146	MIN MINI BAR	REVENUE		
5146 213747		4.34			
09/11/2021 21:37:45	00240-5146	MIN MINI BAR	REVENUE		
5146 213746		4.34			
09/12/2021 19:00:48	001991191	GFT GIFTSHOP	REVENUE		
444493860871		4.28			
09/12/2021 19:44:11	006170459	STK THE STEAKHOUSE	REVENUE		
444493860871		85.44			
09/12/2021 19:44:15	00185-5146	MIN MINI BAR	REVENUE		
5146 194419		4.34			
09/12/2021 19:44:15	00186-5146	MIN MINI BAR	REVENUE		
5146 194418		8.67			
09/12/2021 20:00:15	00187-5146	MIN MINI BAR	REVENUE		
5146 200019		4.34			
09/12/2021 20:00:15	00188-5146	MIN MINI BAR	REVENUE		
5146 200018		4.34			
09/12/2021 20:23:09	006896273	NDB NOODLE BAR	REVENUE		
444493860871		66.36			
09/12/2021 03:02:10	RR 5146	RST RESORT FEE	REVENUE		
RESORT FEE \$39+		44.07			
09/12/2021 03:03:29	RR 5146	RMS ROOM CHARGE	RR ROOM CHARGE		
		44.07			

Press enter to return to the Guest Checkout / Settlement display

F3=Exit

F6=DataMagine

F10=Print Folio

F12=Cancel

lio

F16=Suppress Print
Up

F18=Bottom

F21=Balance Fo

PLTF1031

AA3711

GSC015G

11/06/2021
09:11:47

GSCOR18

RED ROCK CASINO RESORT & SPA
FOLIO DISPLAY - GUEST PAY

BRADLEY BELLISARIO Cas# 7519096 Wing RR Room
5146 Res ID 444493860871
1=Select 2=Partial 5=Display
Folio 444493860985 Total00

Opt	Date	Time	Ticket	Rev Ctr / Description	Ticket Type
Comment	From	To	Split	Amount	
	09/12/2021	03:03:29	RR 5146	RMS ROOM CHARGE RR	ROOM CHARGE
				44.07	
-	09/13/2021	12:12:43		FRONT DESK MASTERCAR	PAYMENT
				289.76-	
-	09/13/2021	01:14:07		MIN MINI BAR	ADJUSTMENT
-	DID NOT CONSUME			8.67-	
-	09/13/2021	01:15:01		MIN MINI BAR	ADJUSTMENT
-	DIDNOT CONSUME			4.34-	
-	09/13/2021	01:15:21		FRONT DESK MASTERCAR	PAYMENT
				13.01	

Press enter to return to the Guest Checkout / Settlement display

F3=Exit

F6=DataMagine

F10=Print Folio

F12=Cancel

lio

F16=Suppress Print

F17=Top
Down

F21=Balance Fo

PLTF1032

AA3712

HSTMNTG 11/06/2021 GUEST HISTORY 09:11:55 HSTMNTW
 Hist ID 438665175523 LOCATE - DISPLAY
 Name BELLISARIO BRADLEY VIP. D

A Ninth Previous Trip Owner-ID 441336616342
 A 10/30/2020 10/31/2020 RR 7108 C1. ADULT 2 CHILD
 C Conf G4N5P CCROC
 C Rating Plan COMP Rate 120.01 Rooms 1 Source CC
 L TravelAgt Mkt-Inq
 C Reason 2
 P Revenue Group Complimentary Package Guest Pay
 E ROOM .00 120.01 .00 .00
 N HOTEL .00 39.00 .00 .00
 P FOOD .00 .00 .00 10.00
 I BEVERAGE .00 .00 .00 .00
 R RETAIL .00 .00 .00 .00
 D ENTERTNT .00 .00 .00 .00
 D MISC .00 .00 .00 .00
 D Qualifying .00 Compor(s) GRANDE, JASON
 D CentRes
 L

A F15=RoomRates F6=ArchFolio PageUp PageDown
 F16=DispUsers F11=GuestSvcs F12=Cancel
 F22=ResHist

HSTMNTG 11/06/2021 GUEST HISTORY 09:11:55 HSTMNTW
Hist ID 438665175523 LOCATE - DISPLAY
Name BELLISARIO BRADLEY VIP.D

A Ninth Previous Trip Owner-ID 441336616342
A 10/30/2020 10/31/2020 RR 7108 C1. ADULT 2 CHILD

C
C Requests and Comments
L Type Added By Date Time Changed by Date Time
C INTERNAL 103020FNA ** 1NIGHT ROC PER HOST JASON GRANDE // 1KING
P FALBAN 10/30/20 14:38:27
E DELUXE, NEAR ELEV
N FALBAN 10/30/20 14:38:27
P
I
R
D
D
D
D
L

F12=Cancel

Bottom

A

PLTF1034

AA3714

HSTMNTG 11/06/2021 GUEST HISTORY 09:11:55 HSTMNTW
 Hist ID 438665175523 LOCATE - DISPLAY
 Name BELLISARIO BRADLEY VIP D

A Ninth Previous Trip Owner-ID 441336616342
 A 10/30/2020 10/31/2020 RR 7108 C1. ADULT 2 CHILD

C Requests and Comments

L Type Added By Date Time Changed by Date Time
 C INTERNAL 103020FNA ** 1NIGHT ROC PER HOST JASON GRANDE // 1KING
 P FALBAN 10/30/20 14:38:27
 E DELUXE, NEAR ELEV
 N FALBAN 10/30/20 14:38:27
 P
 I
 R
 D
 D
 D
 D
 L

F12=Cancel

Bottom

A

PLTF1035

AA3715

HISTMNIW 11/06/2021 GUEST HISTORY 09:11:55 HISTMNIW
 Hist ID 438665175523 LOCATE - DISPLAY
 Name BELLISARIO BRADLEY VIP D

A Tenth Previous Trip Owner-ID 440593595542
 A 08/17/2020 08/18/2020 RR 6135 S1. ADULT 2 CHILD
 C Conf. RTRFY CROC
 C Rating Plan COMP Rate 105.01 Rooms 1 Source CC
 L TravelAgt Mkt-Inq
 C Reason 8
 P Revenue Group Complimentary Package Guest Pay
 E ROOM .00 105.01 .00
 N HOTEL .00 39.00 .00
 P FOOD .00 49.97 .00
 I BEVERAGE .00 38.00 .00
 R RETAIL .00 .00 .00
 D ENTERTNT .00 .00 .00
 D MISC .00 .00 .00
 D Qualifying .00 Compor(s) GRANDE, JASON 10.95
 D CentRes
 L

A F15=RoomRates F6=ArchFolio PageUp PageDown
 F16=DispUsers F11=GuestSvcs F12=Cancel
 F22=ResHist

PLTF1036

AA3716

HSIMNIW 11/06/2021 GUEST HISTORY 09:11:55 HSIMNIW
Hist ID 438665175523 LOCATE - DISPLAY
Name BELLISARIO BRADLEY VIP D

A Tenth Previous Trip Owner-ID 440593595542
A 08/17/2020 08/18/2020 RR 6135 S1. ADULT 2 CHILD
C
C
L

Requests and Comments

Type	Added By	Date	Time	Changed by	Date	Time
INTERNAL	WDG 1 NIGHT COMP					
	WGILBE	8/17/20	18:00:12			
INTERNAL	GUEST OK WITH S1					
	CVERDI	8/17/20	18:29:59			

L F12=Cancel

Bottom

A

PLTF1037

AA3717

HISTORIC 11/06/2021 GUEST HISTORY 09:11:55 HSI MNW
 Hist ID 438665175523 LOCATE - DISPLAY
 Name BELLISARIO BRADLEY VIP D

A Eleventh Previous Trip Owner-ID 440352431673
 A 07/24/2020 07/26/2020 RR 18155 E1 ADULT 2 CHILD
 C Conf VQVNV CROC
 C Rating Plan COMP Rate 145.01 Rooms 1 Source CC
 L TravelAgt Mkt-Inq
 C Reason 8
 P Revenue Group Complimentary Package Guest Pay
 E ROOM .00 290.02 .00 .00
 N HOTEL .00 78.00 .00 .00
 P FOOD .00 492.47 .00 231.00
 I BEVERAGE .00 463.14 .00 260.00
 R RETAIL .00 .00 .00 .00
 D ENTERTNT .00 .00 .00 .00
 D MISC .00 .00 .00 .00
 D Qualifying .00 Compor(s) GRANDE, JASON
 D CentRes
 L

A F15=RoomRates F6=ArchFolio PageUp PageDown
 F16=DispUsers F11=GuestSvcs F12=Cancel
 F22=ResHist

HIST ID 11/00/2021 GUEST HISTORY 09:11:55 HSNMNIW
 Name 438665175523 LOCATE - DISPLAY
 BELLISARIO BRADLEY VIP D

A Eleventh Previous Trip Owner-ID 440352431673
 A 07/24/2020 07/26/2020 RR 18155 E1 ADULT 2 CHILD

C Requests and Comments
 L Type Added By Date Time Changed by Date Time
 C INTERNAL WDG 2 NIGHT COMP 7/24/20 18:46:56 JGRAND 7/24/20 19:24:46
 P WILBE
 E CROCX2 PER JGRAND 7/24/20 19:24:59
 N JGRAND
 P FRONT DESK PLEASE DO NOT CHARGE CARD UNTIL HOST REVIEWS PLAY.
 I JGRAND 7/24/20 19:24:28 SGOLDB 7/24/20 21:42:37
 R
 D
 D
 D
 D

L F12=Cancel Bottom

A

DECLARATION OF CUSTODIAN OF RECORDS

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

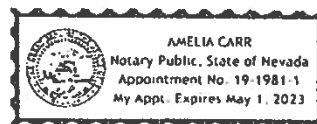
COMES NOW, Kendra Deno, who after being first duly sworn, deposes and says:

1. That the Deponent is the Custodian of Records of Station Casinos LLC, and in such capacity is the custodian of the business records of the office or institution.
2. That on or about October 28, 2021, Deponent was served a subpoena entitled *Emily Bellisario v. Bradley Bellisario* in the District Court Family Division, Clark County Nevada, Case No. D-20-605263-D which requests any and all documentation as set forth in the subpoena (attached hereto and incorporated herein by reference).
3. That the Deponent has examined the original of those records and has made a true and exact copy of them and that the reproduction of them attached hereto is true and complete.
4. That the original of those records was made at or near the time of the acts, events, conditions, opinions or diagnosis recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of the Deponent or the office or institution in which the Deponent is engaged.

Kendra Deno
CUSTODIAN OF RECORDS

SUBSCRIBED and SWORN TO before me
this 11 day of November, 2021.

Amelia Carr
NOTARY PUBLIC in and for said
County and State.





3655 South Las Vegas Blvd.
Las Vegas, NV 89109
(702) 946-7000

Name: BRADLEY BELLISARIO

Address: 5 WOODFORD WAY
METAMORA IL 61548

Room: WV 2717

Arrive: 11/21/19

Depart: 11/26/19

Persons: 2

Reservation ID: 437161051751

Check In Time: 5:15 PM

Check In Agent:

SETTLEMENT FMC *****5930 EXP ****

Daily Room Rates			
Start Date	Rate	Nights	Subtotal
11/21/19	COMP	5 Nts	\$.00
Totals: 5 Nts \$.00			

Does not include tax.

By signing below, you are agreeing to the following terms and conditions:

*The daily resort fee is \$37 plus taxes.

*The hotel will authorize charge the credit/debit card provided for estimated charges including the daily room rate, taxes, resort fees and \$50 per day for incidentals. Use of ATM/debit cards will result in an immediate deduction from your available bank account balance. You are personally liable for all charges, including any damage, incurred or attributable to the room.

*For safety and security, hotel team members will periodically enter rooms and perform a standard room check, even if you have opted out of housekeeping services, posted a sign on your door or otherwise refused team member entry. You may be asked to leave the hotel if you do not comply with this policy.

*Checkout is at 11 am. A late checkout or an early departure will result in additional charges. All charges posted after checkout will be charged to your credit/debit card.

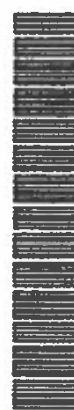
*Possession and use at the hotel of any illegal controlled substances, including marijuana, are prohibited by federal law and company policy. You may be asked to leave the hotel if you do not comply with this policy or smoke in a non-smoking room. A \$500 cleaning fee will be charged for any smoking in a non-smoking room, with additional charges should excessive cleaning be required.

*Safes may be provided in the room and individual safe deposit boxes may also be available. The hotel is not responsible for the loss of any property left unsecured in the room.

*By providing your email address, you are opting in to receive marketing communications from Caesars Enterprise Services, LLC and its affiliates. You may opt out at any time. Your personal information will be used in accordance with the company's Privacy Policy, which is available at any Caesars Rewards Center or at www.caesars.com/privacy

E-MAIL ADDRESS

Guest Signature



437161051751

PLTF1041

AA3721

HSTGSG 7:33 AM HISTORY GUEST SERVICES 11/19/21 HSTGSW
NAME BELLISARIO, BRADLEY
ADD COMMENT

MORE LINES (Y/N) N

ADD SPECIAL REQUEST

ROUTE TO

1=HSPK. 3=RM SERVICE

4=NO ROUTING

OR FIXED REQUEST

CHANGE/DELETE

TYPE	Ln	1	ACT	REQUESTS AND COMMENTS
INTERNAL	Ln	1		INET: highest floor as possible
INTERNAL	Ln	1		Non-Smoking Room Requested
INTERNAL	Ln	1		K. PREFERRED BED TYPE
INTERNAL	Ln	1		Preference order-None
INTERNAL	Ln	1		11/21/19 Y11MGC9 90.01 FREE
INTERNAL	Ln	1		11/22/19 Y11MGC9 110.01 FREE
INTERNAL	Ln	1		11/23/19 Y11MGC9 110.01 FREE
INTERNAL	Ln	1		11/24/19 Y11MGC9 90.01 FREE
INTERNAL	Ln	1		11/25/19 Y11MGC9 90.01 FREE
INTERNAL	Ln	1		MAXIMO SR#3953154 GUEST ROOM, GUEST BATHROOM, SINK, CLOGGE

ACT =====> "C"-Change, "D"-Delete

F3=Exit F6=Hskp Fxd Req F15=RmSvc Fxd Req F16=NoRtg Fxd Req ROLLUP

PLTF1042

AA3722

HSTGSG 7:34 AM HISTORY GUEST SERVICES 11/19/21 HSTGSW
NAME BELLISARIO, BRADLEY
VIP

ADD COMMENT

MORE LINES (Y/N) N

ADD SPECIAL REQUEST

ROUTE TO

1=HSP. 3=RM SERVICE

4=NO ROUTING

OR FIXED REQUEST

CHANGE/DELETE

TYPE

ACT

REQUESTS AND COMMENTS

Ln 2

E

ACT =====> "C"-Change, "D"-Delete

F3=Exit F6=Hskp Fxd Req F15=RmSvc Fxd Req F16=NoRtg Fxd Req

ROLLODOWN

PLTF1043

AA3723



3655 South Las Vegas Blvd.
Las Vegas, NV 89109
(702) 946-7000

Name: BRADLEY BELLISARIO

Address: 7100 GRAND MONTECITO PKWY
LAS VEGAS NV 89149-0270

SETTLEMENT FVS *****3737 EXP ****

OPT OUT OF HOUSEKEEPING MAKE UP SERVICE *ID PM*

Room: VV2097P

Arrive: 2/15/20 *AD*

Depart: 2/17/20

Persons: 2

Reservation ID: 438756691484

Check In Time: 2:45 PM

Check In Agent:

Daily Room Rates			
Start Date	Rate	Nights	Subtotal

Cash

Does not include tax.

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*The daily resort fee is \$37 plus taxes.

*The hotel will authorize charge the credit/debit card provided for estimated charges including the daily room rate, taxes, resort fees and \$50 per day for incidentals. Use of ATM/debit cards will result in an immediate deduction from your available bank account balance. You are personally liable for all charges, including any damage, incurred or attributable to the room.

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*Checkout is at 11 am. A late checkout or an early departure will result in additional charges. All charges posted after checkout will be charged to your credit/debit card.

*Possession and use at the hotel of any illegal controlled substances, including marijuana, are prohibited by federal law and company policy. You may be asked to leave the hotel if you do not comply with this policy or smoke in a non-smoking room. A \$500 cleaning fee will be charged for any smoking in a non-smoking room, with additional charges should excessive cleaning be required.

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E-MAIL ADDRESS

bradbellisario@plaw.com

Guest Signature *[Signature]*



438756691484

PLTF1044

AA3724

HSTGSG 7:34 AM HISTORY GUEST SERVICES 11/19/21 HSTGSW
NAME BELLISARIO, BRADLEY VIP

ADD COMMENT

MORE LINES (Y/N) N

ADD SPECIAL REQUEST

ROUTE TO

1=HSPK. 3=RM SERVICE

4=NO ROUTING

OR FIXED REQUEST

CHANGE/DELETE

TYPE	ACT	REQUESTS AND COMMENTS
TSKP REQ		OPT OUT OF HOUSEKEEPING MAKE UP SERVICE
INTERNAL Ln 1		RATE: CROOMX2 P/CMDNEWTON VPHN
INTERNAL Ln 1		GST MEETS \$500+MDV STATUS
INTERNAL Ln 1		1DL#1704177770 BRADLEY BELLISARIO
INTERNAL Ln 1		GST AWARE RSRT FEES 2 DEVICES IN RM
INTERNAL Ln 1		GST AWARE RSRT FEES 2 DEVICES IN RM

ACT =====> "C"-Change, "D"-Delete

F3=Exit F6=Hskp Fxd Req F15=RmSvc Fxd Req F16=NoRtg Fxd Req

PLTF1045

AA3725



3655 South Las Vegas Blvd.
Las Vegas, NV 89109
(702) 946-7000

Name: BRADLEY BELLISARIO

Address: 7100 GRAND MONTECITO PKWY
LAS VEGAS NV 89149-0270

Room: VV 2390

Arrive: 2/17/20

Depart: 2/18/20 X *BT*

Persons: 2

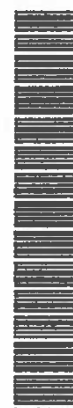
Reservation ID: 438776957423

Check In Time: 7:10 PM

Check In Agent:

SETTLEMENT FVS *****3737 EXP ****

Daily Room Rates			
Start Date	Rate	Nights	Subtotal
<div style="text-align: right; margin-top: 10px;"> <i>BT</i> X <i>BT</i> Does not include tax. </div>			



438776957423

By signing below, you are agreeing to the following terms and conditions:

*The daily resort fee is \$37 plus taxes.

*The hotel will authorize/charge the credit/debit card provided for estimated charges including the daily room rate, taxes, resort fees and \$50 per day for incidentals. Use of ATM/debit cards will result in an immediate deduction from your available bank account balance. You are personally liable for all charges, including any damage, incurred or attributable to the room.

*For safety and security, hotel team members will periodically enter rooms and perform a standard room check, even if you have opted out of housekeeping services, posted a sign on your door or otherwise refused team member entry. You may be asked to leave the hotel if you do not comply with this policy.

*Checkout is at 11 am. A late checkout or an early departure will result in additional charges. All charges posted after checkout will be charged to your credit/debit card.

*Possession and use at the hotel of any illegal controlled substances, including marijuana, are prohibited by federal law and company policy. You may be asked to leave the hotel if you do not comply with this policy or smoke in a non-smoking room. A \$500 cleaning fee will be charged for any smoking in a non-smoking room, with additional charges should excessive cleaning be required.

*Safes may be provided in the room and individual safe deposit boxes may also be available. The hotel is not responsible for the loss of any property left unsecured in the room.

*By providing your email address, you are opting in to receive marketing communications from Caesars Enterprise Services, LLC and its affiliates. You may opt out at any time. Your personal information will be used in accordance with the company's Privacy Policy, which is available at any Caesars Rewards Center or at www.caesars.com/privacy

E-MAIL ADDRESS

Guest Signature *BT*

PLTF1046

AA3726

HSTGSG 7:35 AM HISTORY GUEST SERVICES 11/19/21 HSTGSW
 NAME BELLISARIO, BRADLEY
 ADD COMMENT

ADD SPECIAL REQUEST MORE LINES (Y/N) N
 ROUTE TO
 1=HSPK. 3=RM SERVICE
 4=NO ROUTING OR FIXED REQUEST

CHANGE/DELETE		REQUESTS AND COMMENTS	
TYPE	ACT		
INTERNAL	Ln 1	..	RATE:COMPX1 PER HOST JREYNOLDS//VIA PHONE
	Ln 2	..	NO ETA GIVEN
INTERNAL	Ln 1	..	DL#1704177770 BRADLEY BELLISARIO

ACT =====> "C"-Change, "D"-Delete
 F3=Exit F6=Hskp Fxd Req F15=RmSvc Fxd Req F16=NoRtg Fxd Req

PLTF1047

AA3727

Paris Las Vegas Hotel & Casino

3655 South Las Vegas Blvd.
Las Vegas, NV 89109
(702) 946-7000

Name: BRADLEY BELLISARIO
Address: 5 WOODFORD WAY
METAMORA IL 61548

SETTLEMENT FMC *****5930 EXP ****

IVY OPT-IN

Room: VV2498P

Arrive: 7/10/20

Depart: 7/14/20

Persons: 1

Reservation ID: 440213753730

Check In Time: 6:01 PM

Check In Agent:

Start Date	Rate	Nights	Subtotal
7/10/20	COMP	4 Nts	\$.00

Totals: 4 Nts \$.00

Does not include tax.

By signing below, you are agreeing to the following terms and conditions:

*The daily resort fee is \$37 plus taxes.

*The hotel will authorize/charge the credit/debit card provided for estimated charges including the daily room rate, taxes, resort fees and \$50 per day for incidentals. Use of ATM/debit cards will result in an immediate deduction from your available bank account balance. You are personally liable for all charges, including any damage, incurred or attributable to the room.

*For safety and security, hotel team members will periodically enter rooms and perform a standard room check, even if you have opted out of housekeeping services, posted a sign on your door or otherwise refused team member entry. You may be asked to leave the hotel if you do not comply with this policy.

*Checkout is at 11 am. A late checkout or an early departure will result in additional charges. All charges posted after checkout will be charged to your credit/debit card.

*Possession and use at the hotel of any illegal controlled substances, including marijuana, are prohibited by federal law and company policy. You may be asked to leave the hotel if you do not comply with this policy or smoke in a non-smoking room. A \$250 cleaning fee will be charged for any smoking in a non-smoking room, with additional charges should excessive cleaning be required.

*Safes may be provided in the room and individual safe deposit boxes may also be available. The hotel is not responsible for the loss of any property left unsecured in the room.

*By providing your email address, you are opting in to receive marketing communications from Caesars Enterprise Services, LLC and its affiliates. You may opt out at any time. Your personal information will be used in accordance with the company's Privacy Policy, which is available at www.caesars.com/privacy or at any Caesars Rewards Center or at

E-MAIL ADDRESS

Guest Signature



PLTF1048

AA3728

HSTGSG 7:35 AM
NAME BELLISARIO, BRADLEY
ADD COMMENT

HISTORY GUEST SERVICES

11/19/21

HSTGSW
VIP

ADD SPECIAL REQUEST
ROUTE TO
1=HSCP. 3=RM SERVICE
4=NO ROUTING

MORE LINES (Y/N) N

OR FIXED REQUEST

CHANGE/DELETE
TYPE

ACT

REQUESTS AND COMMENTS

REQUEST						
INTERNAL	Ln	1	..	IVY OPT-IN		
INTERNAL	Ln	1	..	INET: High floor end room if possible		
INTERNAL	Ln	1	..	Non-Smoking Room Requested		
INTERNAL	Ln	1	..	K. PREFERRED BED TYPE		
INTERNAL	Ln	1	..	Preference order-None		
INTERNAL	Ln	1	..	07/10/20 Y7CPAH2 110.01	FREE	
INTERNAL	Ln	1	..	07/11/20 Y7CPAH2 110.01	FREE	
INTERNAL	Ln	1	..	07/12/20 Y7CPAH2 90.01	FREE	
INTERNAL	Ln	1	..	07/13/20 COMP1 90.01	COMP	

ACT =====> "C"-Change, "D"-Delete

F3=Exit F6=Hscp Fxd Req F15=RmSvc Fxd Req F16=NoRtg Fxd Req

PLTF1049

AA3729



3655 South Las Vegas Blvd.
Las Vegas, NV 89109
(702) 946-7000

Name: BRADLEY BELLISARIO
Address: 7100 GRAND MONTECITO PKWY
LAS VEGAS NV 89149-0270

Room: WV1525P
Arrive: 12/22/20
Depart: 12/24/20 X
Persons: 1
Reservation ID: 441854784474
Check In Time: 3:09 PM
Check In Agent:

SETTLEMENT FMC *****5930 EXP ****

IVY OPT-IN

Daily Room Rates				
Start Date	Rate	Nights	Subtotal	
12/22/20	COMP	2 Nts	\$.00	
Totals: 2 Nts \$.00				
Does not include tax. X				

By signing below, you are agreeing to the following terms and conditions: The hotel will authorize/charge the credit/debit card provided for estimated charges including the daily room rate, taxes plus \$41.95 per day for the resort fee (taxes included) and \$50 per day for incidentals. Use of ATM/debit cards will result in an immediate deduction from your available bank account balance. You are personally liable for all charges, including any damage, incurred or attributable to the room. Checkout is at 11 am. A late checkout or an early departure will result in additional charges. All charges posted after checkout will be charged to your credit/debit card. Possession and use at the hotel of any illegal controlled substances, including marijuana, are prohibited by federal law and company policy. You may be asked to leave the hotel if you do not comply with this policy or smoke in a non-smoking room. A \$500 cleaning fee will be charged for any smoking in a non-smoking room, with additional charges should excessive cleaning be required. Safes may be provided in the room and individual safe deposit boxes may also be available. The hotel is not responsible for the loss of any property left unsecured in the room. You agree that any legal claims involving the Telephone Consumer Protection Act and/or related state and federal laws that you have against hotel or that hotel has against you must be submitted to binding, confidential arbitration before a neutral JAMS arbitrator and that you and hotel each waive a trial by jury. You also agree that you will only be permitted to pursue such claims and seek such relief against hotel on an individual basis, not as a plaintiff, claimant, or class member in any class action lawsuit or class-wide arbitration.

The daily resort fee is \$41.95 (taxes included).

For safety and security, hotel team members will periodically enter rooms and perform a standard room check, even if you have opted out of housekeeping services, posted a sign on your door or otherwise refused team member entry. You may be asked to leave the hotel if you do not comply with this policy. By providing your email address, you are opting in to receive marketing communications from Caesars Enterprise Services, LLC and its affiliates. You may opt out at any time. Your personal information will be used in accordance with the company's Privacy Policy, which is available at www.caesars.com/privacy. To exercise a California Consumer Privacy Act right, please visit www.caesars.com/privacy.

E-MAIL ADDRESS

Guest Signature

INITIAL: I want to text with Ivy, my personal concierge, available via text message 24/7. Texting with Ivy is the quickest way to get service, hotel information, suggestions & exclusive offers. I understand and agree that: (1) Caesars-affiliated hotels may use Ivy to send informational and marketing text messages to my number; (2) where applicable, messages may be sent using an automatic telephone dialing system; and (3) my consent to receive messages is not required to make a purchase. (Optional)

PLTF1050

AA3730

HSTGSG 7:36 AM HISTORY GUEST SERVICES 11/19/21 HSTGSW
 NAME BELLISARIO, BRADLEY VIP
 ADD COMMENT

 MORE LINES (Y/N) N

ADD SPECIAL REQUEST .
 ROUTE TO
 1=HSCP. 3=RM SERVICE
 4=NO ROUTING OR FIXED REQUEST

CHANGE/DELETE .		TYPE	ACT	REQUESTS AND COMMENTS
REQUEST				IVY OPT-IN
HSCP REQ				GST C/O 12/25
INTERNAL	Ln 1			Non-Smoking Room Requested
INTERNAL	Ln 1			Preference order-None
INTERNAL	Ln 1			12/22/20 COMP1 90.01 COMP
INTERNAL	Ln 1			12/23/20 COMP1 90.01 COMP
INTERNAL	Ln 1			LUCKY OFFER

ACT =====> "C"-Change, "D"-Delete
 F3=Exit F6=Hscp Fxd Req F15=RmSvc Fxd Req F16=NoRtg Fxd Req



3655 South Las Vegas Blvd.
Las Vegas, NV 89109
(702) 946-7000

Name: BRADLEY BELLISARIO

Address: 7100 GRAND MONTECITO PKWY
LAS VEGAS NV 89149-0270

SETTLEMENT FMC *****5930 EXP ****

Room: VV2297P
Arrive: 12/30/20
Depart: 1/01/21
Persons: 1

Reservation ID: 441946064031

Check In Time: 2:14 PM

Check In Agent:

Daily Room Rates			
Start Date	Rate	Nights	Subtotal
12/30/20	COMP	2 Nts	\$.00
Totals: 2 Nts \$.00			

Does not include tax.

By signing below, you are agreeing to the following terms and conditions: The hotel will authorize/charge the credit/debit card provided for estimated charges including the daily room rate, taxes plus \$41.95 per day for the resort fee (taxes included) and \$50 per day for incidentals. Use of ATM/debit cards will result in an immediate deduction from your available bank account balance. You are personally liable for all charges, including any damage, incurred or attributable to the room. Checkout is at 11 am. A late checkout or an early departure will result in additional charges. All charges posted after checkout will be charged to your credit/debit card. Possession and use at the hotel of any illegal controlled substances, including marijuana, are prohibited by federal law and company policy. You may be asked to leave the hotel if you do not comply with this policy or smoke in a non-smoking room. A \$500 cleaning fee will be charged for any smoking in a non-smoking room, with additional charges should excessive cleaning be required. Sales may be provided in the room and individual safe deposit boxes may also be available. The hotel is not responsible for the loss of any property left unsecured in the room. You agree that any legal claims involving the Telephone Consumer Protection Act and/or related state and federal laws that you have against hotel or that hotel has against you must be submitted to binding, confidential arbitration before a neutral JAMS arbitrator and that you and hotel each waive a trial by jury. You also agree that you will only be permitted to pursue such claims and seek such relief against hotel on an individual basis, not as a plaintiff, claimant, or class member in any class action lawsuit or class-wide arbitration.

The daily resort fee is \$41.95 (taxes included).

For safety and security, hotel team members will periodically enter rooms and perform a standard room check, even if you have opted out of housekeeping services, posted a sign on your door or otherwise refused team member entry. You may be asked to leave the hotel if you do not comply with this policy. By providing your email address, you are opting in to receive marketing communications from Caesars Enterprise Services, LLC and its affiliates. You may opt out at any time. Your personal information will be used in accordance with the company's Privacy Policy, which is available at www.caesars.com/privacy. To exercise a California Consumer Privacy Act right, please visit www.caesars.com/privacy.

E-MAIL ADDRESS

Guest Signature

INITIAL: I want to text with Ivy, my personal concierge, available via text message 24/7. Texting with Ivy is the quickest way to get service, hotel information, suggestions & exclusive offers. I understand and agree that: (1) Caesars-affiliated hotels may use Ivy to send informational and marketing text messages to my number; (2) where applicable messages may be sent using an automatic telephone dialing system; and (3) my consent to receive messages is not required to make a purchase. (Optional)

PLTF1052

AA3732

HSTGSG 7:36 AM HISTORY GUEST SERVICES 11/19/21 HSTGSW
NAME BELLISARIO, BRADLEY VIP

ADD COMMENT .

MORE LINES (Y/N) N

ADD SPECIAL REQUEST .

ROUTE TO

1=HSPK. 3=RM SERVICE

4=NO ROUTING

OR FIXED REQUEST

CHANGE/DELETE .

TYPE	Ln	ACT	REQUESTS AND COMMENTS
INTERNAL	Ln 1	..	Non-Smoking Room Requested
INTERNAL	Ln 1	..	Preference order-None
INTERNAL	Ln 1	..	12/30/20 COMP2 90.01 COMP
INTERNAL	Ln 1	..	12/31/20 COMP3 90.01 COMP

ACT =====> "C"-Change, "D"-Delete

F3=Exit F6=Hskp Fxd Req F15=RmSvc Fxd Req F16=NoRtg Fxd Req

PLTF1053

AA3733



3655 South Las Vegas Blvd.
Las Vegas, NV 89109
(702) 946-7000

Name: BRADLEY BELLISARIO
Address: 7100 GRAND MONTECITO PKWY
LAS VEGAS NV 89149-0270

Room: VV 3271

Arrive: 8/03/21

Depart: 8/07/21

Persons: 1

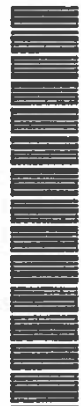
Reservation ID: 444092063364

Check In Time: 1:58 PM

Check In Agent:

SETTLEMENT FDS *****9297 EXP ****

Daily Room Rates				
Start Date	Rate	Nights	Subtotal	
8/03/21	COMP	4 Nts	\$.00	



444092063364

By signing below, you are agreeing to the following terms and conditions: The hotel will authorize/charge the credit/debit card provided for estimated charges including the daily room rate, taxes plus \$45 per night (\$51.02 inclusive of tax) for the resort fees and \$50 per day for incidentals. Use of ATM/debit cards will result in an immediate deduction from your available bank account balance. You are personally liable for all charges, including any damage, incurred or attributable to the room. Checkout is at 11 am. A late checkout or an early departure will result in additional charges. All charges posted after checkout will be charged to your credit/debit card. Possession and use at the hotel of any illegal controlled substances, including marijuana, are prohibited by federal law and company policy. You may be asked to leave the hotel if you do not comply with this policy or smoke in a non-smoking room. A \$500 cleaning fee will be charged for smoking in a non-smoking room, with additional charges should excessive cleaning be required. Safes may be provided in the room and individual safe deposit boxes may also be available. The hotel is not responsible for the loss of any property left unsecured in the room. You agree that any legal claims involving the Telephone Consumer Protection Act and/or related state and federal laws that you have against hotel or that hotel has against you must be submitted to binding, confidential arbitration before a neutral JAMS arbitrator and that you and hotel each waive a trial by jury. You also agree that you will only be permitted to pursue such claims and seek such relief against hotel on an individual basis, not as a plaintiff, claimant, or class member in any class action lawsuit or class-wide arbitration.

The daily resort fee is \$45 per night plus tax (\$51.02 inclusive of tax).

For safety and security, hotel team members may periodically enter rooms and perform a standard room check, even if you have opted out of housekeeping services, posted a sign on your door or otherwise refused team member entry. You may be asked to leave the hotel if you do not comply with this policy. By providing your email address, you are opting in to receive marketing communications from Caesars Enterprise Services, LLC and its affiliates. You may opt out at any time. Your personal information will be used in accordance with the company's Privacy Policy, which is available at www.caesars.com/privacy. To exercise a California Consumer Privacy Act right, please visit www.caesars.com/opt-out-request.

E-MAIL ADDRESS

Guest Signature

INITIAL I want to text with Ivy, my personal concierge, available via text message 24/7. Texting with Ivy is the quickest way to get service, hotel information, suggestions & exclusive offers. I understand and agree that: (1) Caesars-affiliated hotels may use Ivy to send informational and marketing text messages to my number; (2) where applicable, messages may be sent using an automatic telephone dialing system; and (3) my consent to receive messages is not required to make a purchase. (Optional)



Arrival Date
8/03/21

Pymt. Method
FDS
DIA



Arrival Date
8/03/21

Pymt. Method
FDS
DIA

Departure Date
8/07/21

CLV
ICMP21

Departure Date
8/07/21

CLV
ICMP21

Room No:

VV 3271

Room No:

VV 3271

BRADLEY BELLISARIO

BRADLEY BELLISARIO

PLTF1054

AA3734

HSTGSG 7:37 AM HISTORY GUEST SERVICES 11/19/21 HSTGSW
NAME BELLISARIO, BRADLEY VIP

ADD COMMENT

MORE LINES (Y/N) N

ADD SPECIAL REQUEST

ROUTE TO

1=HSPK. 3=RM SERVICE

4=NO ROUTING

OR FIXED REQUEST

CHANGE/DELETE

TYPE	ACT	REQUESTS AND COMMENTS
REQUEST		IVY OPT-IN
INTERNAL Ln 1		Preference order-None
INTERNAL Ln 1		08/02/21 COMP1 90.01 COMP
INTERNAL Ln 1		08/03/21 COMP1 90.01 COMP
INTERNAL Ln 1		08/04/21 COMP1 90.01 COMP
INTERNAL Ln 1		08/05/21 COMP1 90.01 COMP
INTERNAL Ln 1		08/06/21 COMP1 110.01 COMP
INTERNAL Ln 1		REINSTATED & MOD ARR DTE PER PLV/ VIP -PHN
INTERNAL Ln 1		RATE:CROOMX4
INTERNAL Ln 1		DO/VD

ACT =====> "C"-Change, "D"-Delete

F3=Exit F6=Hskp Fxd Req F15=RmSvc Fxd Req F16=NoRtg Fxd Req

PLTF1055

AA3735

i_dmid	c_prop_cd	c_comp_pr	c_comp_ded_date	f_comp_amount
1.04E+10	PLV	190 ROOM	7/10/2020	124.73
1.04E+10	PLV	255 FOOD - FINI	7/11/2020	71
1.04E+10	PLV	257 FOOD - SNA	7/11/2020	15.98
1.04E+10	PLV	674 OTHER	7/11/2020	14.99
1.04E+10	PLV	190 ROOM	7/11/2020	124.73
1.04E+10	PLV	674 OTHER	7/12/2020	14.99
1.04E+10	PLV	190 ROOM	7/12/2020	102.05
1.04E+10	PLV	257 FOOD - SNA	7/13/2020	4.99
1.04E+10	PLV	190 ROOM	7/13/2020	102.05
1.04E+10	PLV	257 FOOD - SNA	7/22/2020	14
1.04E+10	PLV	190 ROOM	#####	102.05
1.04E+10	PLV	674 OTHER	#####	14.99
1.04E+10	PLV	190 ROOM	#####	102.05
1.04E+10	PLV	MPA OTHER - BE	#####	25
1.04E+10	PLV	674 OTHER	#####	14.99
1.04E+10	PLV	MPA OTHER - BE	#####	290
1.04E+10	PLV	190 ROOM	#####	102.05
1.04E+10	PLV	674 OTHER	1/1/2021	29.98
1.04E+10	PLV	190 ROOM	#####	102.05
1.04E+10	PLV	190 ROOM	8/3/2021	102.05
1.04E+10	PLV	190 ROOM	8/4/2021	102.05
1.04E+10	PLV	190 ROOM	8/5/2021	102.05
1.04E+10	PLV	190 ROOM	8/6/2021	124.73
1.04E+10	PLV	190 ROOM	9/17/2021	124.73
1.04E+10	PLV	190 ROOM	9/19/2021	102.05
1.04E+10	PLV	190 ROOM	9/20/2021	102.05
1.04E+10	PLV	190 ROOM	9/21/2021	102.05
1.04E+10	PLV	190 ROOM	9/22/2021	102.05
1.04E+10	PLV	674 OTHER	9/24/2021	89.94
1.04E+10	PLV	674 OTHER	10/3/2021	14.99
1.04E+10	PLV	190 ROOM	10/3/2021	102.05
1.04E+10	PLV	190 ROOM	10/4/2021	102.05
1.04E+10	PLV	190 ROOM	10/5/2021	102.05
1.04E+10	PLV	190 ROOM	10/6/2021	102.05
1.04E+10	PLV	190 ROOM	10/7/2021	102.05

PLTF1056

AA3736

i_dmid	c_prop_cd	d_checkin_dt	d_checkout_dt	d_arrival_dt	d_departure_dt	f_reserve_id
10402570456	PLV	9/17/2021	9/24/2021	9/17/2021	9/24/2021	4.45E+11
10402570456	PLV	8/3/2021	8/7/2021	8/3/2021	8/7/2021	4.44E+11
10402570456	PLV	12/22/2020	12/25/2020	12/22/2020	12/25/2020	4.42E+11
10402570456	PLV	10/3/2021	10/8/2021	10/3/2021	10/8/2021	4.45E+11
10402570456	PLV	7/10/2020	7/14/2020	7/10/2020	7/14/2020	4.40E+11
10402570456	PLV	12/30/2020	1/1/2021	12/30/2020	1/1/2021	4.42E+11

PLTF1057

AA3737

f_room_rev	f_fb_rev	f_other_rev	f_comp_room_rev
558.45	26.98	279.92	470.05
430.04	0	0	380.04
270.03	0	404.98	270.03
450.05	0	43.84	450.05
400.04	39.34	57.63	400.04
180.02	0	29.98	180.02

PLTF1058

AA3738

i_dmid	i_cms_dmid	c_prop_cd	d_rating_date	c_game_cd	f_denom	f_coin_in	f_coin_out
10402570456	17601696117	PLV	7/11/2020	9	0.01	272	242
10402570456	17601696117	PLV	3/6/2020	9	0.01	773	338
10402570456	17601696117	PLV	7/3/2020	9	0.01	251	155
10402570456	17601696117	PLV	3/6/2020	9	1	2575	1550
10402570456	17601696117	PLV	12/22/2020	9	0.01	576	358
10402570456	17601696117	PLV	3/6/2020	9	1	90	135
10402570456	17601696117	PLV	3/6/2020	9	1	135	150
10402570456	17601696117	PLV	7/11/2020	9	0.01	-12	18

PLTF1059

AA3739

d_start_time	d_end_time	f_play_time	f_winloss	c_prep_by	c_ent_by	d_trans_date	i_rs_seq_num
11:25:40	11:42:13	17	60	RA27747	SDS V	7/11/2020	27747
15:24:45	15:44:45	20	435	RA38610	SDS V	3/6/2020	38610
14:07:09	14:16:51	9	96	RA51237	SDS V	7/3/2020	51237
15:49:41	15:53:29	4	1025	RA38824	SDS V	3/6/2020	38824
18:50:09	19:17:17	27	308	RA52362	SDS V	12/22/2020	52362
15:21:58	15:23:51	2	-45	RA38108	SDS R	3/6/2020	38108
15:20:41	15:21:30	1	-15	RA38056	SDS R	3/6/2020	38056
8:32:08	8:35:30	3	0	RA25593	SDS R	7/11/2020	25593

PLTF1060

AA3740

i_mach_num	i_handle_pulls	f_jackpot_amt
21894	211	0
21793	306	0
21261	129	0
26012	65	0
21909	222	0
25225	18	0
25536	3	0
20775	17	0

PLTF1061

AA3741

i_dmid	c_prop_cd	d_rating_date	d_trans_date	d_trans_time	c_company	c_shift	c_pit_num
10402570456	PLV	3/6/2020	3/6/2020	155048	1	1	31
10402570456	PLV	7/22/2020	7/22/2020	210158	1	1	31
10402570456	PLV	7/24/2020	7/24/2020	105919	1	1	31
10402570456	PLV	12/22/2020	12/22/2020	192003	1	1	31
10402570456	PLV	12/23/2020	12/23/2020	204216	1	1	32
10402570456	PLV	12/24/2020	12/24/2020	53701	1	1	37
10402570456	PLV	12/24/2020	12/24/2020	54213	1	1	31
10402570456	PLV	12/24/2020	12/24/2020	55839	1	1	37
10402570456	PLV	12/31/2020	12/31/2020	150228	1	1	37
10402570456	PLV	12/31/2020	12/31/2020	155244	1	1	36
10402570456	PLV	12/31/2020	12/31/2020	164031	1	1	37
10402570456	PLV	12/31/2020	12/31/2020	190505	1	1	37
10402570456	PLV	4/3/2021	4/3/2021	91306	1	1	31
10402570456	PLV	9/22/2021	9/22/2021	183144	1	1	37

PLTF1062

AA3742

c_prop_game_cd	c_table_num	c_rate_type	i_countercheck_cnt	f_countercheck	f_cash
2	9	A	0	0	5000
2	9	A	0	0	9500
2	9	A	0	0	12500
3	8	A	0	0	4000
66	51	A	0	0	500
11	418	A	0	0	0
2	9	A	0	0	100
11	418	A	0	0	0
19	403	A	0	0	2000
25	301	A	0	0	0
11	412	A	0	0	2800
19	403	A	0	0	1000
3	8	A	0	0	2500
16	418	A	0	0	0

PLTF1063

AA3743

f_avg_bet_1	f_avg_bet_2	f_avg_bet_3	f_hands_played	f_handle	f_buy_in	f_cash_out
1600	0	0	5.25	8400	5100	0
400	0	0	12.75	5100	9500	10900
500	0	0	78.75	39375	12500	15500
400	0	0	78	31200	4000	1000
50	0	0	19.5	975	500	4075
25	0	0	6	150	1000	660
400	0	0	13.5	5400	3800	0
100	0	0	9	900	1000	0
50	0	0	45	2250	2000	300
1	0	0	0	0	0	0
300	0	5	43.2	12960	2800	0
500	0	0	84	42000	1000	0
100	0	0	6	600	2500	3000
1	0	0	61.5	61.5	0	2600

PLTF1064

AA3744

d_seq_rating_start_time	d_rating_start_time	d_rating_end_time	i_minutes_played	f_actual_win
154640	154640	155047	4	5100
210157	210157	211254	10	-1400
105918	105918	120251	63	-3000
192001	192001	203846	78	3000
204215	204215	212939	47	-3575
293700	53700	54317	6	340
294212	54212	55357	11	3800
295018	55018	55919	9	1000
150226	150226	153912	36	1700
155243	155243	155322	0	0
155556	155556	163857	43	2800
190503	190503	201218	67	1000
90653	90653	91306	6	-500
183143	183143	192053	49	-2600

PLTF1065

AA3745

Nov 16, 2021

Here is your requested gaming history statement for the year ending December 31, 2020.

One of the many benefits of using your Caesars Rewards program card is the ability to obtain a summary of your rated play gaming history. Rated play is defined as total gaming play generated when using your Caesars Rewards card. In other words, only play that occurred when your Caesars Rewards card was inserted into a slot machine or a manual rating was created at a table game, keno, or sports and race book area is included in this statement.

This statement shows your **Net Win/(Loss) for play involving use of your Caesars Rewards card.**

All winnings, including W2Gs (hand paid jackpots) as well as all losses are reflected in the **Total Win/(Loss)** for the period requested. A positive number indicates that winnings are greater than losses, where as a negative number () reflects losses are greater than winnings.

The Caesars Rewards player rating system is not intended for tax reporting, therefore, we make no representations as to either the accuracy of this information or its effectiveness as a proof of losses. This amount may not include all hand-paid jackpots reportable to the IRS on form W2G. The IRS recommends keeping a diary of your gaming activity with such pertinent information as dates, slot machine or table numbers, jackpots, and total wins and losses. For specific information on tax return preparation and IRS requirements, please consult a tax advisor or the IRS at www.irs.gov. Gaming information will not include complete information for 2006 and prior years for the following properties: Bally's Atlantic City, Bally's Las Vegas, Caesars Atlantic City, Caesars Palace Las Vegas, Caesars Indiana, Harrah's Tunica, Paris Las Vegas, and Sheraton Tunica. Windsor gaming information is listed in US Currency only. Please contact the Windsor property for Canadian dollar totals.

If you would like additional information or have any questions, please visit our website at www.caesars.com or call 1-800-CAESARS. Thank you for playing at Caesars Entertainment.

GAMING HISTORY STATEMENT FOR THE YEAR 2020

CR Number	Total Win/(Loss)	Total W2G/1042S
10402570456	(\$316.00)	\$21,053.00

Location	Slot Win/(Loss)	Game Win/(Loss)	Other Win/(Loss)	Total Win/(Loss)	Total W2G / 1042S
Bally's, Las Vegas, NV	\$518.00	\$8,675.00	\$0.00	\$9,193.00	\$1,250.00
Caesars, Las Vegas, NV	\$3,956.00	(\$465.00)	\$0.00	\$3,491.00	\$14,803.00
Flamingo, Las Vegas, NV	\$0.00	\$3,500.00	\$0.00	\$3,500.00	\$0.00
Harrah's, Las Vegas, NV	(\$112.00)	\$825.00	\$0.00	\$713.00	\$0.00
Paris, Las Vegas, NV	\$47.00	(\$18,060.00)	\$0.00	(\$18,013.00)	\$5,000.00
The Cromwell, Las Vegas, NV	(\$100.00)	\$900.00	\$0.00	\$800.00	\$0.00
Summary	\$4,309.00	(\$18,625.00)	\$0.00	(\$316.00)	\$21,053.00



Gaming History Department
One Harrah's Court
Las Vegas, NV 89119

BRADLEY BELLISARIO
7100 GRAND MONTECITO
PKWY 2054
LAS VEGAS, NV 89149-
0370

PLTF1066

AA3746



FREQUENTLY ASKED QUESTIONS

Q. How do I read this statement?

A. The gaming history statement is an accumulation of play while using the Caesars Rewards Card. This accumulation includes all wins and/or losses. The first WIN (LOSS) TOTAL contains all properties using your Caesars Card. The next section reflects each individual property play first by slots, second by table (games), and then by other winnings. Finally, the total for all three areas (which includes any taxable jackpots or W2G total) are combined to give you a total by property.

Q. Why is the Caesars Rewards Number on my statement different from the number I submitted?

A. All Caesars Rewards Numbers from each property you game at are different, and all the different numbers are linked to a centralized number. This centralized number is the printed number on your Win/Loss Statement.

Q. May I get a total of just my winnings and just my losses?

A. No. Because the totals are an accumulation of all play, the totals can not be separated.

Q. Can I get a statement that shows coin-in and coin-out?

A. It is Caesar's Entertainment Corporation policy that this information will not be included on your statement. It is recommended that you keep a diary for this purpose.

Q. Can I get a statement that only shows my last visit?

A. No, Caesar's Entertainment Corporation only prepares a yearly statement upon request in the following year.

Q. What is the difference between Gaming History Statement (win/loss), W2G and 1099?

A. Gaming History Statement gives information that may be used when filing taxes, W2G is the reportable tax amount given to the IRS, and 1099 is the reportable promotional gifts and/or winnings reported to the IRS.

Q. Are all jackpots reported to the IRS?

A. A jackpot is only reported to the IRS if it is over \$1,199.99 for slot play.

Q. The W2G information does not match what I have?

A. Contact the property that does not match your copies. If the property is a Caesars, Bally's Atlantic City or Sheraton property, the W2G information will not include the first quarter of 2006 (Due to system conversion, the information is not available). 2005 information will also reflect incomplete data for the remaining Caesars properties which include Flamingo, Bally Las Vegas, Paris, and Grand Biloxi.

Q. Is the W2G total in my win/loss total?

A. Yes. Because this is an accumulation, the number is already included.

Q. Can I get a copy of my W2G?

A. Contact the property where you first obtained your W2G.

Q. The total amount on my statement is incorrect. Who do I contact?

A. Contact your property and ask for the Gaming History Department. Please see our casino directory to find phone numbers and mailing addresses for all of our locations (<http://www.harrahs.com/casino-directory.html>).

PLTF1067

AA3747



November 20, 2021

VIA EMAIL
efile@lvfamilylaw.com

Rebecca Cartagena
Legal Coordinator
Cell: 916.544.3267
Tel: 702.407.4602
Fax: 702.407.6174
Email: rcartagena@caesars.com

RE: Administrative Emily Bellisaro vs Bradley Bellisario
Subpoena served on Paris Las Vegas, Caesars Entertainment
Response on Behalf of Paris Las Vegas Operating Company, LLC
Our file No.: 05008420

Dear Ms. Roberts:

Attached please find records in response to the above-referenced subpoena. Unless we hear from you to the contrary, we will assume that production of the attached documents fully complies with your request.

Please let me know if you have questions or concerns.

Very truly yours,

/s/

Rebecca Cartagena
Legal Coordinator



3655 South Las Vegas Blvd.
Las Vegas, NV 89109
(702) 946-7000

Name: BRADLEY BELLISARIO

Address: 7100 GRAND MONTECITO PKWY
LAS VEGAS NV 89149-0270

Room: VV2773P

Arrive: 2/13/20

Depart: 2/15/20

Persons: 2

Reservation ID: 438583206690

Check In Time: 3:32 PM

Check In Agent:

SETTLEMENT FVS *****3737 EXP ****

Daily Room Rates			
Start Date	Rate	Nights	Subtotal
2/13/20	COMP	2 Nts	\$.00

Totals: 2 Nts \$.00

Does not include tax.

By signing below, you are agreeing to the following terms and conditions:

*The daily resort fee is \$37 plus taxes.

*The hotel will authorize/charge the credit/debit card provided for estimated charges including the daily room rate, taxes, resort fees and \$50 per day for incidentals. Use of ATM/debit cards will result in an immediate deduction from your available bank account balance. You are personally liable for all charges, including any damage, incurred or attributable to the room.

*For safety and security, hotel team members will periodically enter rooms and perform a standard room check, even if you have opted out of housekeeping services, posted a sign on your door or otherwise refused team member entry. You may be asked to leave the hotel if you do not comply with this policy.

*Checkout is at 11 am. A late checkout or an early departure will result in additional charges. All charges posted after checkout will be charged to your credit/debit card.

*Possession and use at the hotel of any illegal controlled substances, including marijuana, are prohibited by federal law and company policy. You may be asked to leave the hotel if you do not comply with this policy or smoke in a non-smoking room. A \$500 cleaning fee will be charged for any smoking in a non-smoking room, with additional charges should excessive cleaning be required.

*Safety may be provided in the room and individual safe deposit boxes may also be available. The hotel is not responsible for the loss of any property left unsecured in the room.

*By providing your email address, you are opting in to receive marketing communications from Caesars Enterprise Services, LLC and its affiliates. You may opt out at any time. Your personal information will be used in accordance with the company's Privacy Policy, which is available at any Caesars Rewards Center or at www.caesars.com/privacy

E-MAIL ADDRESS

Guest Signature



438583206690

PLTF1069

AA3749

HSTGSG 7:34 AM HISTORY GUEST SERVICES 11/19/21 HSTGSW
NAME BELLISARIO, BRADLEY VIP

ADD COMMENT

MORE LINES (Y/N) N

ADD SPECIAL REQUEST

ROUTE TO

1=HSP. 3=RM SERVICE

4=NO ROUTING

OR FIXED REQUEST

CHANGE/DELETE

TYPE	Ln	1	ACT	REQUESTS AND COMMENTS
INTERNAL	Ln	1	..	Non-Smoking Room Requested
INTERNAL	Ln	1	..	K PREFERRED BED TYPE
INTERNAL	Ln	1	..	Preference order-None
INTERNAL	Ln	1	..	02/13/20 Y2CYAF2 90.01 FREE
INTERNAL	Ln	1	..	02/14/20 Y2CYAF2 110.01 FREE

ACT =====> "C"-Change, "D"-Delete

F3=Exit F6=Hskp Fxd Req F15=RmSvc Fxd Req F16=NoRtg Fxd Req

PLTF1070

AA3750