

AMERICAN FEDERATION OF MUSICIANS REPORT FORM PHONOGRAPH RECORDS, SOUNDTRACK RELEASES, VIDEO PROMOS RPNo.

AFM LOCAL NO: 47

DATE: 01/23/13 (the date you submitted this paperwork) RECORD CO: PDQ Records			ORIGINAL SESSION RECORDING DATE: 01/21/13 NO. OF MUSICIANS: 3 DAY: Monday							
LABEL:			RECORDING STUDIO: Extraordinare Studios							
RECORD CO./LABEL REP: Contact Name of Representative			CITY: Hollywood STATE: CA HOURS OF EMPLOYMENT: 2pm - 5pm							
RECORD CO. ADDRESS: Street Address City, State, Zip			-	HOURS OF EMPLOYMENT: 2pm - 5pm						
RECORD CO. REP. PHONE: (310) 555-1212				MUSIC PROD. CO. NAME:						
NAME OF ARTIST / GROUP: The Glamorpus Sunshine Band				DUBBING, NEW USE, LIMITED PRESSING UPGRADE OR OTHER ORIGINAL REPORT FORM NO:						
One Artist or Group per Contract				ORIGINAL RECORDING DATE:						
NAME OF SESSION PRODUCER: Snazzy McGenie INDUSTRY PROJECT NO.:				Check 1 and only 1 from each of these categories: Production Type Payment Type ■ Original Session ■ Non-Symphonic (regular)						
NO. of MINUTES A. 3:42 TITLE of TUNES/PIECES Ermahgerd			_	□ Location Recording □ Non-Symphonic (special) □ Sound Sample □ Symphonic (3 hrs.)						
B. 2:48 What It Tried to Be			_	☐ Limited Pressing Upgrade ☐ Symphonic (4 hrs.) ☐ Demo Record Conversion ☐ Opera ☐ Video Promo ☐ Ballet						
C			_	Chamber (Chamber sessions must be approved by AFM 4 weeks prior to session.)						
D			_	☐ M.P. Soundtrack						
E			_	☐ Sampling ☐ Other ☐ Low Budget Recording (AFM must receive budget 72 hours prior to production.)						
MEMO				ADDITIONAL INFO						
				NEW USE SOURCE (e.g. Original M.P. Title):						
EXAMPLE: for illustration purposes only.				Picture/Show						
				Title of New Use Release						
SIGNATORY OF RECORD: Maejour Music Group				Address: Hollywood, CA						
				Address: Los Angeles, CA and conditions of the applicable AFM Agreement in effect at the time of such engagement.						
Signatory of Record's Signature:			Leader's Signature:							
Print Name of Signer:			Phone: Leader's Phone:							
LOCAL UNION NO. 	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INIT.	HOME ADDRESS (Give Street, City & State)	Ma	CIAL SECURITY NUMBER artial Status &	NO. of DBLS	ID of TUNES	TOTAL SCALE WAGES CARTAGE	PENSION	H&W WHERE APPLICABLE	
47	(Instrument(s)) (LDR) Dough, John	Street Address		Exemptions 11-11-2345		Α				
47	(guitar) Dough, John	City, State, Zip Street Address	2:	22-22-3456		A-B	se scale	cuM	mar	
47	(bass)	City, State, Zip			1	^	scale	ont	rate	
47	VonStriker, Jamie (synth)	Street Address City, State, Zip	3:	33-33-4567	'	Û.	for cur	yen		
47	Hammer, Claude (drums)	Street Address City, State, Zip	4	44-44-5678		A-B	10,			
	(ARR)									
	(ORC)									
	(COPY)									
					ΤΩΤΔΙ	PENSION	CONTRIBUTIONS:			
	Include all music prep. info on this form or continuation sheet, with copies of invoices attached.									
FOR FUND USE ONLY: FORM B-4/Rev. 9-96					TOTAL H&W CONTRIBUTIONS:					