

## AMERICAN FEDERATION OF MUSICIANS REPORT FORM MADE AND PLAYED LOCAL COMMERCIAL ANNOUNCEMENTS RPNo.

DATE: ADVERTISER: PRODUCT: ADVERTISING AGENCY: AGENCY REP.: AGENCY ADDRESS: AGENCY REP. PHONE:				ORIGINAL SESSION Recording Date:			AFM Local No No. of Musicians:			
				City:			State:			
				Music Prod. Co. Name:  NEW USE Original Report Form No :						
				AGLINO	THE THONE.			Crigina		
session	FICATION Titles and Code Nos. (Include to sonly.) When identification changes give p		al	-	1 and only Payment <sup>-</sup> Original S	Гуре	ach of these three co	lumns. <u>Medium</u> TV		
Original(or Prior) TRK Identification LGTH A		New Identification			New Use Other		Radio Other			
				A -1 -1111						
c				Additional Info Sideline Session			Check here if  Commercial made for Local cable only			
D				Other			Session performed solely on synthesizer			
l <del>-</del>				Other			Session performed solely on synthesizer			
1							MEMO			
G										
	Date:									
Cycle D	ates Being Paid:									
SIGNAT	ORY OF RECORD:									
Address:							Phone:			
Address:							Phone:			
	cial Announcements Agreement in whose				ana condit	ons or th	e Ai Wi Made and i ia	iyed Local		
	y of Record's Signature				_					
Print Nar	me of Signer:									
LOCAL UNION NO.  CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INITIAL (Instrument(s))	SOCIAL SECURITY NUMBER	HRS. WK'D	NO. OF DBL PER SESS	SPOT ID by letter above	ID of SPOT PER DBL	WAGES CARTAGE	PENSION	H&W WHERE APPLICABLE	
	(LDR)									
	(ARR)									
	(ORC)									
	(COPY)									
				TOTAL	 PENSION	CONTRI	IBUTIONS:			
	X if wages being paid are overscale.  FUND USE ONLY:	TOTAL H&W CONTRIBUTIONS:								

## AMERICAN FEDERATION OF MUSICIANS REPORT FORM MADE AND PLAYED LOCAL COMMERCIAL ANNOUNCEMENTS Continuation Sheet

Recording Date: Leader's Name:					Report Form No of						
LOCAL UNION NO.  CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INITIAL (Instrument(s))	SOCIAL SECURITY NUMBER	HRS. WK'D	NO. OF DBL PER SESS	SPOT ID by letter above	ID of SPOT PER DBL	WAGES	PENSION	H&W WHERE APPLICABLE		
NO.	(LDR)										
***************************************											
							L				
	(ADD)										
	(ARR)										
	(ORC)										
	(COPY)										
FOR FUND USE ONLY:					TOTAL PENSION CONTRIBUTIONS:  TOTAL H&W CONTRIBUTIONS:						