May 12, 1994

CREW LIST

ORIGIN SYSTEMS
12940 RESEARCH BLVD.
AUSTIN, TX 78750
(512)335-5200

ELECTRONIC ARTS,INC
1450 FASHION ISLAND
SAN MATEO, CA 94464
(415)513-7566

HAYVENHURST STUDIOS
7021 HAYVENHURST
VAN NUYS, CA
(818)994-6661
(818)782-0635 FAX

PRODUCTION

DIRECTOR / EXECUTIVE PRODUCER	Chris Roberts	(512)335- 5200 X644 (512)264-0059 Home
LINE PRODUCER	Donna Burkons	(818)785-8434 (818)785-9664 Fax
PRODUCTION MANAGER	Pam Auer	(310)457-6941
TECHNICAL DIRECTOR	Mark Day	(818)884-7248
2ND UNIT DIRECTOR	Richard Johnson	(512)873-7131 (818)884-7248 Local
STORYBOARD ARTIST	Marc Baird	(818)841-8404

LEGAL

	Carol Contes	(415)513-7017 (415)571-6375

A.D. DEPARTMENT

1ST ASSISTANT DIRECTOR	Harry Jarvis	(818)398-9885
2ND ASSISTANT DIRECTOR	Athena Alexander	(310)390-3299
2ND 2ND A.D.	Tia Ardran	(310)822-3881

SCRIPT SUPERVISOR

1ST UNIT	Kate Lewis	(310)452-9044
2ND UNIT	John McLean	(512)328-0633

GRIP	Kevin Cooke	(310)477-1599
SWING	Jeff Murrell	(818)788-7413 (818)955-2780 Pager
SWING	Shane Brott	(310)932-2805

SOUND

SOUND MIXER	Walt Martin	(818)843-1857
BOOM OPERATOR	Paul Coogan	(818)794-9416
2ND UNIT SOUND MIXER	Mary Jo Divinney	(310)392-2637

SPECIAL F/X

MAKE-UP & HAIR

HAIR STYLIST	Lana Sharpe	(818)224-4735
MAKE-UP ARTIST	Bill Myer	
MAKE-UP / HAIR ASSISTANT	Kim Miner	(310)473-4332

WARDROBE

COSTUME DESIGNER	Mary Paxton	(818)249-1247 (503)548-3823 OR
SET COSTUMER	Nan Gail	(310)457-3446

ART DEPARTMENT

PRODUCTION DESIGNER	Chris Douglas	(512)335-5200 ext.529
ART DESIGNER	Cherie Baker	(213)935-6653 (213)812-4488 Pager
CONSTRUCTION COORD.	Mike Clark	(213)735-2789
CONSTRUCTION	Shane Middleton	(310)392-3311

ON SET DRESSER	Todd Szabo	(818)985-1850

PROPS

PROPERTY MASTER	Tamara Clinard	(213)734-9132 (310)284-1301 Pager (213)735-2789 Mach.

PRECISION EFFECTS

PRECISION EFFECTS	Michael Hood	(213)852-4966
CREATURE SUIT SUPERVISOR	John Parsons	(213)658-6036
SHOW CONTROL / PUPPETEER	Chris Bergschneider	(818)881-9889
PUPPETEER	Randy Harvey	(818)980-7268
CREATURE SUIT TECHNICIANS	Rick Cedillo	(818)345-6411
	Terri Fluker	(818)567-2849
	Ron Ford	(818)892-3989
	Alex Mindt	(818)980-2617
	Gloria Munoz	(818)503-3028
ASSISTANT SUIT TECHS	Linda Newman	(818)767-0604
	Wendel Philips	(213)752-1433
	Mike Walters	(818)758-9336
PA	Karen Carmichael	(818)760-6427

SHOW CONTROL

SHOW CONTROL	Bud McGrew	(818)832-8989 (H) (818)882-8638 (Shop)
BUD'S ASSISTANT	Kass Nassiri	(818)888-2820

EDITING

AVID EDITOR	Phil Gessert	(805)251-4113

POST PRODUCTION

POST PRODUCTION SUPERVISOR	Adam Foshko	(818)884-7248

STAGE MANAGER	Duncan	(818)909-4700 (818)909-0228 Pager

PROD. OFFICE

PRODUCTION ACCOUNTANT	Laurel	(818)704-1040
DRIVER / PA	James Capp	(310)454-9716
OFFICE P.A.	Kirsten Maryott	(310)399-2158
OFFICE PA	Laurie Boykoff	(818)591-7030

CASTING

EXTRA'S CASTING	Debe	(818)576-1679(pgr) (818)559-2276(h)

FOOD SERVICES

CRAFT SERVICE	Laura Bagano	(818)701-0857 (818)372-2651(pgr)
	Juana Martinez	(818)899-1220
	Michael Foxworth	(818)441-0633

Wing Commander III
Electronic Arts
1450 Fashion Island Blvd.
San Mateo, CA. 94404

PURCHASE ORDER

W 3613

TO	SHIP TO
Expendable Supply	
ADDRESS 7880 San Fernando Rd.	ADDRESS
CITY STATE ZIP Sun Valley CA - 91352	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			~~4 sheets of Mirroplex~~	~~23~~	~~00~~	
2			2 rolls of Silver Mirror Gel #271			
3			4 sheets of Mirror-flex	941	75	
4						
5						
6			Electric			
7				~~941~~	~~75~~	
8						
9						
10			ON ACCOUNT			
11						
12						
13						
14						
15						
16						
17				941	75	

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

ORDER NO. W 9825

Electronic Arts

TO Modern Props

ADDRESS

CITY

SHIP TO Hayvenhurst Studios

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Rental Intercom			
3			for Tolwin's office			
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

Pam Aron

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. 9826

Electronic Arts
WC III

TO Video Tape Products

ADDRESS 213 664-1144

CITY

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			2 cases Fuji			
4						
5						
6			Beta SP - 60 min			
7						
8						
9			loads			
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM
1L147/01147

OFFICE COPY

PURCHASE ORDER

ORDER NO. 9826

Electronic Arts
WC III

TO Video Tape Products

ADDRESS 213 664-1144

CITY

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3						
4			2 cases Fuji			
5						
6			Beta SP - 60 min			
7						
8			Loads			
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

Carl Lee

PURCHASING AGENT

REDIFORM.

PURCHASE ORDER

ORDER NO. W 9827

TO Expendable Supply

ADDRESS

CITY

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3						
4			1 Roll Green Gaffers tape			18.50
5						
6						
7						
8						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

Charles

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. W 9827

TO Expendable Supply

ADDRESS

CITY

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2					
3					
4			1 Roll ### Green Gaffers tape		8.50
5					
6					
7					
8					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. W 9823

Electronic Arts
Wing Commander II

TO Star Waggons

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
					5/26

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			2-Hole arriving			
4			Between 5:30-6:00			
5						
6						
7			Contact: SPENCE 818-367-5946			
8						
9						
10			200/day = Thurs/Fri			
11						
12			400. - charge			
13			150. delivery/P.U.			
14						
15		=	$550.00			
16						
17						
18			C.O.D.			
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

Pam Auer

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. W 9823

Electronic Arts
Wing Commander II

TO Star Waggons

ADDRESS

CITY

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE 9/26

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			-			
3			2-Hole arrwing			
4			Bftween 5:30-6:00			
5						
6						
7			Contact: SPENCE 818-367-5946			
8						
9						
10			200/day = Thurs/Fri			
11						
12			400. - charge			
13			150. delivery P.U.			
14						
15			= $550.00			
16						
17						
18			C.O.D.			
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

Pam Auer

PURCHASING AGENT

REDIFORM
1L147/01147

RECEIVING DEPT. COPY

Electronic Dtc

PURCHASE ORDER

ORDER NO. W 9824

TO MODERN PLOTS

ADDRESS 4063 REDWOOD AVE.

CITY LA, CA. 90066

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3						
4			4 Pipes	173	00	
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. 9821

Electronic Arts
WING COMMANDER III

TO STUDIO, FILM & TAPE

ADDRESS 6674 SANTA MONICA BLVD

CITY Hollywood, CA 90038

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3		2	cases Fuji Beta SP.			
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM

OFFICE COPY

PURCHASE ORDER

ORDER NO. 9821

Electronic Arts
Wing Commander II

TO Studio Film & Tape — SHIP TO

ADDRESS 6674 Santa Monica Blvd — ADDRESS

CITY Hollywood, CA 90038 — CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3		2	cases Fuji Beta SP.			
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM
1L147/01147

RECEIVING DEPT. COPY

PURCHASE ORDER

ORDER NO. W 9822

ELECTRONIC ARTS
Wing Commander III

TO Chapman Dolly

SHIP TO Hayvenhurst

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3	1		NIKE			
4						
5						
6			1 day 205.			
7			PU Del 125.			
8			Stroke 24.			
			37.			
10						
11			+ TAX			
12			$ 410.40			
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM
1L147/01147

OFFICE COPY

PURCHASE ORDER

ORDER NO. W 9822

ELECTRONIC ARTS
Wing Commander III

TO Chapman Dolly

SHIP TO Haywenhurst

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3	1		NIKE			
4						
5						
6			1 day 205.			
7			Pu Del 125.			
8			Service 24.			
			37.			
10						
11			+ TAX			
12			$ 410.40			
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM
1L147/01147

RECEIVING DEPT. COPY

PURCHASE ORDER

Electronic Arts

ORDER NO. 9818

TO Studio Film & Tape

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3		2	cases Beta Fuji SP			
4						
5						
6						
7						
8			20 X 33.50 =		670.00	
			+ tax			
10						
11						
12						
13						
14						
15			Phone - 818 765 6500			
16						
17						
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM

OFFICE COPY

PURCHASE ORDER

ORDER NO. 9818

Electronic Arts

TO Arcata Edu Dept

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			2 Copies Book Eq. SP			
4						
5						
6						
7						
8			20 X 33.50 =		670.00	
10			Tax			
11						
12						
13						
14						
15			Phone - 818 765 6500			
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL	
	Receiving Clerk
	PURCHASING AGENT

REDIFORM
1L147/01147

RECEIVING DEPT. COPY

PURCHASE ORDER

ORDER NO. W 9819

Electronic Arts

Electronic Arts

TO Kendo Jap Imports

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2	2		Keno Ho Lite			
3	2		micro kits			
4	2		Extra Lamps - / day	20.00		48.98
5						
6						
7						
8						
9						
10			weekly			457.65
11						
12						
13						
14						
15						
16						
17						
18			Mike			
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

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PURCHASING AGENT

REDIFORM
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OFFICE COPY

PURCHASE ORDER

ORDER NO. W 9819

Electronic Arts

TO Kenco Inc

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2	2		Keno Ho Lites			
3	2		micro Kits			
4	2		Extra Lamps / Assy		248.98	
5						
6						
7						
8			weekly		454.65	
9						
10						
11						
12						
13						
14						
15						
16						
17						
18			Mike			
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM
1L147/01147

RECEIVING DEPT. COPY

PURCHASE ORDER

ORDER NO. W9815

TO Sunset Cleaners

ADDRESS 8100 Beverly Blvd

CITY LA, Ca 90048

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
		5/16			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			as per Mary Paxton			
2			on 5/17 she will bring total			
3						
4						
5						
6						
7						
8						
10						
11						
12						
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20						
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IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL IN-VOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM

ORIGINAL

PURCHASE ORDER

ORDER NO. LW 9815

TO Sunset Cleaners

ADDRESS 8100 - Beverly Blvd

CITY LA, Ca 90048

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
		5/16			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			as per Mary Paxton			
2			on 5/15 she will bring total			
3						
4						
5						
6						
7						720-
8					+	
9						870
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM
1L147/01147

OFFICE COPY

PURCHASE ORDER

ORDER NO. W 9815

TO Sunset Cleaners

ADDRESS 8100 - Beverly Blvd

CITY LA, Ca 90048

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
		5/16			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			as per Mary Paxton			
2			on 5/12 she will bring total			
3						
4						
5						
6						
7						
8					+	
9						
10						
11						
12						
13						
14						
15						
16						
17						
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22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM

RECEIVING DEPT. COPY

PURCHASE ORDER

ORDER NO. W9816

TO Chloe Enterprises

ADDRESS 12560 Raymer St.

CITY North Hollywood, CA 91605

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
		5/18			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			per Cheryl Perkins			
2			3 hole trailer - $375/wk			375—
3						
4			$75 del $75 p/u			150—
5						
6			del. - 6:45 am 5/18			
7						
8			p/u - THUR. 5/26			$525.00
9						
10			open PEE			
11						
12			C.O.D.			
13						
14			FAX - 818-765-2891			
15			Phone - 818-765-6500			
16						
17						
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM.

PURCHASE ORDER

ORDER NO. W 9816

TO Chloe Enterprises

ADDRESS 12560 Raymer St.

CITY North Hollywood, CA 91605

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
		5/18			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			3 bale trailer - $375/wk			375-
3						
4			$75 del / $75 p/up			150-
5						
6			del. - 6:45 am 5/18			
7						
8			p/u - THUR 5/26			$525.00
9						
10			as per PER			
11						
12			C.O.D.			
13						
14			FAX - 818 765-2891			
15			Phone - 818 765 6500			
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. 9817

Electronic Arts

TO Eastern Costum

ADDRESS 7945 Lankershim

CITY N. Hollywood

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			2 belts			
4			2 pairs of shoes			
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. 9811

WING COMMANDER III
ELECTRONIC ARTS
- 2 week rental -
MOPED FLOPS

FOR: Gunnery
o Flight Control
o Bridge

TO _____ SHIP TO _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2		6	rubber chairs			
3		1	flight simulator chair			
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21			2 wk rental			870.44
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REPERFORM

PURCHASE ORDER

ORDER NO. 9812

1-800-824-3130 ext. 890 Lila

TO Studio Film + Tape

ADDRESS 6674 Santa Monica Blvd

CITY Hollywood, CA

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
	5/16/94		on acct.		

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2					
3			4 Cases FUJI DETA SP	33.50/ea	
4			60 min		
5					
6					
7			1 CASE VHS TAPE		
8			68 min		
9			in a sleeve		
10			~~expedite~~		
11					
12					
13					
14			Jim to p/u		
15					
16			Put on Acct.		
17					
18					
19					
20					
21					
22					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REPEORM

PURCHASE ORDER

ORDER NO. 9812

DOING COMMERCIAL II

1-800-824-3130 ext. 890 Liz

TO Studio Film + Tape

ADDRESS 6674 Santa Monica Blvd

CITY Hollywood, CA

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
	5/16/94		on acct.		

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2					
3			4 Cases FUJI DETA SP 60 min	33.50/ea	
4					
5					
6					
7			Case VHS TAPE 60 min in a sleeve		
8					
9					
10					
11					
12					
13					
14			Jim to p/u		
15					
16			Put on Acct.		
17					
18					
19					
20					
21					
22					

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. 9812

1-800-824-3130 ext. 890 Lila

TO Studio Film & Tape

ADDRESS 6674 Santa Monica Blvd

CITY Hollywood, CA

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
	5/16/94		on acct.		

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			4 cases FUJI DETA SP 60 min	33.50/ea		
4						
5						
6						
7			case VHS TAPE 60 min in 6 sleeve			
8						
9						
10						
11						
12						
13						
14			Jim to p/u			
15						
16			Put on Acct			
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL	
	Receiving Clerk
	PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. 9813

Acct # EL3000

TO Videotape Products

ADDRESS 213-664-1144 ext 294

CITY Renée

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
		5/16			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			4 cases FUJI BETA SP	30	72/ca	1,231.20
3						
4						
5			1 CASE UHS FUJI Hi-grade	2	49/ea	99.60
6						
7						
8			p/u after 1pm 5/16			
10						
11						
12						
13				inc. tax		1440.59
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. W 9814

TO Star Waggons

ADDRESS 15505 Foxford St

CITY Sylmar, CA 91342

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
	5/16				

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			1 2-hole trailer			
4						
5						
6			~~$200/day FOR 2 days 5/11-5/18 =~~			~~400-~~
7			$720 = For 6 days			720-
8			$75 del each way		+	150-
10			C.O.D.			$870-
11						$50-
12			FAX- 362-1448			
13			PHONE- 818-367-5946			
14						
15			del- 5:30 pm - 5/16			
16						
17			p/v - THUR 5/26			
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. 9814

TO Star Wiggins

ADDRESS 15505 Foxford St

CITY Sylmar, CA 91342

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
	5/16				

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			1 2-hole trailer			
4						
5						
6			~~$40 per day for 2 days 5/11 5/12~~		=	~~480-~~
7			$720 for 6 days			720-
8			$75 del each way		+	150-
9						
10			C.O.D		$	870-
11						~~550-~~
12			FAX- 362-1448			
13			PHONE- 818-367-5946			
14						
15			del- 5:30 pm - 5/16			
16						
17			p/u - THUR 5/26			
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM

RECEIVING DEPT. COPY

PURCHASE ORDER

ORDER NO. W 9806

TO Universal Studios

ADDRESS 100 Universal City Plaza

CITY 91608

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
					5/10/94

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			ref:			
2			Property Rental inv # 11930			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						$110

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. W 9806

TO Universal Studios

ADDRESS 100 Universal City Plaza

CITY 91608

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
					5/10/94

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			ref:			
2			Property Rental inv # 11930			
3						
4						
5						
6						
7						
8						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						$110

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

PERFORM

PURCHASE ORDER

ORDER NO. W 9806

TO Universal Studios

ADDRESS 100 Universal City Plaza

CITY 91608

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
					5/10/94

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			ref:			
2			Property Rental inv # 11930			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						#110

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REORDER

PURCHASE ORDER

ORDER NO. 9808

Electronic Arts
Wing Commander III

(818) 766-2525
Coordex Lighting
13275 Cerner
N. Hollywood

TO _____ SHIP TO _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3		16	C-Stands			
4						
5		6	4x4 Flat Empty Frames			
6						
7		8	4x4 Floppy solids.			
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL	
	Receiving Clerk
	PURCHASING AGENT

PERFORM

PURCHASE ORDER

ORDER NO. 9810

Wing Commander III
Electronic Arts
San Mateo, CA.
415-513-7342

TO Modern Props

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2		1	high back chair			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REORDER

PURCHASE ORDER

ORDER NO. W 9811

WING COMMANDER II
ELECTRONIC ARTS
- 2 week rental -
WOPEN FLOPS

FOR: Gunnery.
• Flight Control.
• Bridge.

TO _____ SHIP TO _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2	6		rubber chairs			
3	1		flight simulator chair			
4						
5						
6						
7						
8						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22			2wk rental.			870.44

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL IN-VOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND _____ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. W 9801

Electronic Arts
San Mateo
415 - 513-7342

TO Modern Prop ... on file

SHIP TO P.U. 5/5

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
2nd unit	Props				5/6

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3						
4			flight chair (2nd unit)			
5						
6			1	approx	116.00	
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

Paul Lee

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. W9803

Electronic Arts
Fashion Island

TO EC Prop Rentals

ADDRESS

CITY

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
					5/6

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			2nd week billing			
3			for Invoice # 2968			
4						
5						
6						
7			Props - dressing			
8			for Ht deck.			
9				348.29		
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. W 9803

Electronic Art
Fashion Island

TO EC Prop Rentals

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			2nd week billing			
3			for Invoice # 2968			
4						
5						
6						
7			Props - dressing			
8			for Ht deck			
9				348.	29	
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL	
	Receiving Clerk
	PURCHASING AGENT

REDIFORM.

PURCHASE ORDER

ORDER NO. W9804

Electronic Arts

TO John Eriand Inc

ADDRESS Composite Components

CITY

SHIP TO Delivered

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2					
3					
4					
5			14 gals ~~[illegible]~~ digital		
6			green plant		
7					
8					
10			approx: $63 x 14	882.	
11					
12			+ tax		
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

DISPOSITION OF MATERIAL

Receiving Clerk

Pam Aver

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

ORDER NO. 9805

TO Videotape Products

ADDRESS 213-669-1144

CITY

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
		5/9			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM
1L147/01147

RECEIVING DEPT. COPY

PURCHASE ORDER

W3644

TO	SHIP TO
Modern Props	Electronic Arts —
ADDRESS	ADDRESS WCTII
CITY Venice STATE CA ZIP 90291	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1	3		chairs; Rigged B/K Seat (W) Arms	65 00	195 00
2					
3					
4					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					195 00
16					16 09
17					211 09

PROPS

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Turner

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

ORDER NO. W 9826

Electronic Arts
WC IV

TO Video Tape Products

ADDRESS 213 664-1144

CITY

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2			2 cases Fuji		
3					
4					
5			Beta SP - 60 min		
6					
7					
8			loads		
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM.
1L147/01147

ORIGINAL

VIDEOTAPE PRODUCTS INC

320 North Madison Avenue • Los Angeles, California 90004

213 • 664-1144 FAX: 213 • 661-2177

SALES ORDER

DATE	NUMBER	PAGE
05/27/94	588235	1

ANY EXCEPTION MUST BE REPORTED WITHIN 5 DAYS

SOLD TO •
EL3000
ELECTRONIC ARTS
• 2430 FASHION ISLAND

SAN MATEO CA 94464

SHIP TO •
EL3000
ELECTRONIC ARTS
2430 FASHION ISLAND

SAN MATEO CA 94464

CUSTOMER P.O. NUMBER W9826

DATE REQUESTED	CANCEL DATE	SHIP VIA	F.O.B.	TERMS	SLSM.
05/27/94		WILL CALL -VTP	NO CHARGE FREIGHT	NET 30 DAYS	VTP

LINE	ORDERED	✓	SHIPPED	ITEM NO.	DESCRIPTION	UNIT PRICE	UNIT	AMOUNT
100	20		20	FJ-321-60M	BETACAM 60 MIN METAL			

30 75 each

X

STD ZTV CTX MGZ

A RESTOCKING FEE OF 20% WILL BE CHARGED ON RETURNED MERCHANDISE 89 2 05-23-

B461

CALIFORNIA STATE I

TOTAL

SPECIAL INSTRUCTIONS

PICKED BY

PACKED BY

DATE SHIPPED

CARRIER

NO. CARTONS

WEIGHT

CHARGES

SIGNATURE

X

NAME (PRINT)

DATE

CREDIT VERIFICATION

H	L	P	RELEASE OK

1. Seller has retained a security interest in the above-described merchandise, title to which does not pass until paid for in full.
2. In the event of failure to pay any amount due on this invoice, Customer agrees to pay all costs, including reasonable attorneys' fees and court costs, incurred and/or expended in collecting said amount.
3. Interest will be charged on all past due amounts at the rate of ten percent (10%) per annum.

***RETURNED CHECKS SUBJECT TO A $20.00 SERVICE CHARGE**

***NO RETURNS WITHOUT PRIOR APPROVAL IN WRITING BY VIDEOTAPE PRODUCTS, INC.**

PACKING SLIP

PURCHASE ORDER

ORDER NO. W9827

TO Expendable Supply

ADDRESS

CITY

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3						
4			1 roll #### Green			18.50
5			Gaffers tape			
6						
7						
8						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

Pam Green

PURCHASING AGENT

REDIFORM

EXPENDABLE SUPPLY STORE

MAILING ADDRESS
PHONE: (213) 875-2409
(818) 767-5065
7830 N. SAN FERNANDO RD.
SUN VALLEY, CA 91352
FAX (818) 768-2422

HOLLYWOOD DIVISION
PHONE: (213) 465-3191
6433 SUNSET BLVD.
HOLLYWOOD, CA 90029

EAST COAST DIVISION
PHONE: (704) 597-1808
(800) 852-3549
9100-C PERIMETER WOODS DR.
CHARLOTTE, NC 28216
FAX (704) 597-1829

SALES ORDER # 153450

SOLD TO ELECTRO
ELECTRONIC ARTS
2430 FASHION ISLAND
SAN MATEO CA 94464

SHIPPED TO
SAME

TITLE	PROD'N #	P.O. #	PAGE
	REP	W9827	1

STORE #	SALESMAN	ORDERED BY	ORDER DATE
1	MANNY	PAM	05-27-94

TERMS	RESALE #	SHIPPED VIA	DATE SHIPPED
NET 30 DYS		W/C	05-27-94

QTY ORD'D	QTY SHP.	QTY B.O.	ITEM NUMBER	DESCRIPTION
2	2		GAFFGRNFL	TAPE GAFFER 2"FLOUR. GREEN
2	2		PT12GRN	TAPE:PAPER GRN 1/2"

TOTAL WEIGHT: 0

SALES AMOUNT
SALES TAX 8.25%
FREIGHT

TOTAL

X _____ DATE _____
AUTHORIZED SIGNATURE

PULLED BY _____

X _____ DATE _____
AUTHORIZED SIGNATURE (PRINT)

DRIVER _____

PACKING SLIP

PURCHASE ORDER

W 9808

Xstreets } Vineland / Magnolia

Electronic Arts
Wing Commander III
(818) 766-2525
Cooper Lighting

TO

SHIP TO

ADDRESS 3275 Cahuenga

ADDRESS

CITY N. Hollywood

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3		16	C-Stands			
4						
5		6	4x4 Flat Empty Frames			
6						
7		8	4x4 Floppy solids			
8						
9						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

1 day
3 day rec

IMPORTANT

ORDER NUMBER MUST APPEAR ON ALL IN-
S, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UN-
ABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

FORM
147/01147

ORIGINAL

EXPENDABLE SUPPLY STORE

MAILING ADDRESS
PHONE: (213) 875-2409
(818) 767-5065
7830 N. SAN FERNANDO RD.
SUN VALLEY, CA 91352
FAX (818) 768-2422

HOLLYWOOD DIVISION
PHONE: (213) 465-3191
6433 SUNSET BLVD.
HOLLYWOOD, CA 90029

EAST COAST DIVISION
PHONE: (704) 597-1808
(800) 852-3549
9100-C PERIMETER WOODS DR.
CHARLOTTE, NC 28216
FAX (704) 597-1829

SALES ORDER # 151910

SOLD TO ELECTRO
ELECTRONIC ARTS
2430 FASHION ISLAND
SAN MATEO CA 94464

SHIPPED TO
SAME

TITLE	PROD'N #	P.O. #	PAGE
WING COMMANDER III		W3613	1

STORE #	SALESMAN	ORDERED BY	ORDER DATE
1	LARRY REP	JIM	04-26-94

TERMS	RESALE #	SHIPPED VIA	DATE SHIPPED
NET 15 DYS		W/C	04-26-94

QTY ORD'D	QTY SHP.	QTY B.O.	ITEM NUMBER	DESCRIPTION
2	2		GRL271	GEL:LEE-271 MIR SIL

TOTAL WEIGHT: 0

SALES AMOUNT
SALES TAX 8.25%
FREIGHT

TOTAL

X _____
AUTHORIZED SIGNATURE

PACKING SLIP

Wing Commander III
Electronic Arts
1450 Fashion Island Blvd.
San Mateo, CA. 94404

PURCHASE ORDER

W 3613

TO	SHIP TO
Expendable Supply	
ADDRESS 7880 San Fernando Rd.	ADDRESS
CITY STATE ZIP Sun Valley CA. 91352	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			~~4 sheets of Mirroflex~~	~~23~~	~~00~~	
2			2 rolls of Silver Mirror Gel #271			
3			4 sheets of Mirror flex	941	75	
4						
6			Electric			
7				~~941~~	~~75~~	
8						
9						
10						
11						
12						
13						
14						
15						
16						
17				941	75	

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Wing Commander III
Electronic Arts
1450 Fashion Island Blvd
San Mateo, CA. 94404

PURCHASE ORDER

W 3613

TO	SHIP TO
Expendable Supply 7880 San Fernando Rd Sun Valley CA. 91352	
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			~~4 sheets of Mirror Mx~~	~~2 25~~		
2			2 sets of Silver mirror Qel #221			
3			4 sheet of Mirror Mx	9 41	75	
4						
6			Electric			
7				~~2 11 75~~		
8						
9						
10						
11						
12						
13						
14						
15						
16						
17				9 41	75	

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

Electronic Arts
San Mateo
415 - 513-7342

W 9801

TO Modern Props

ADDRESS on file

CITY

SHIP TO P.U. 5/5

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
2nd unit	Props				

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3						
4			flight chain (2nd unit)			
5						
6			approx	116.	00	
7						
8						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

Sam Ulmer

PURCHASING AGENT

REDIFORM
1L147/01147

OFFICE COPY

PURCHASE ORDER

W9802

Electronic Arts
WC III

TO Modern Props

ADDRESS on file

CITY

SHIP TO P.U. 5/9/94

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3						
4			Rec Room practicals			
5			1st unit			
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

INVOICES PASSED FOR PAYMENT		

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

Pam Allen

PURCHASING AGENT

REDIFORM
1L147/01147

OFFICE COPY

PURCHASE ORDER

ORDER NO. W9803

Electronic Arts
Fashion Island

TO EC Prop Rentals

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2			2nd week billing		
3			for Invoice # 2968		
4					
5			Props - dressing		
6			for 7th deck		
7					
8					
9				348.29	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL IN-VOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

EDIFORM
147/01147

ORIGINAL

VIDEOTAPE PRODUCTS INC

120 North Madison Avenue • Los Angeles, California 90004

213·664-1144 FAX: 213·661-2177

SALES ORDER		
DATE	NUMBER	PAGE
05/06/94	586564	1

ANY EXCEPTION MUST BE REPORTED WITHIN 5 DAYS

SOLD TO • EL3000
ELECTRONIC ARTS
• 2430 FASHION ISLAND

SAN MATEO , CA , 94464

SHIP TO • EL3000
ELECTRONIC ARTS
2430 FASHION ISLAND

SAN MATEO , CA 94464

CUSTOMER P.O. NUMBER ~~PAM AURE~~ W9805

DATE REQUESTED	CANCEL DATE	SHIP VIA	F.O.B.	TERMS	SLSM.
05/06/94		WILL CALL -VTP	NO CHARGE FREIGHT	NET 30 DAYS	VTP

LINE	ORDERED	✓	SHIPPED	ITEM NO.	DESCRIPTION	UNIT PRICE	VNT	AMOUNT
100	67		67	FJ-321-60M	BETACAM 60 MIN METAL			
110				PAM	59¢ per tape			
120				OK MBM				
				CD# B4618928 EX 5-23-97				
					☑ PO#			

A RESTOCKING FEE OF 20% WILL BE CHARGED ON RETURNED MERCHANDISE

2111.25 LTX

CALIFORNIA STATE T

STD ATV CTX MBM TOTAL

SPECIAL INSTRUCTIONS
9AM MONDAY

PICKED BY	DATE SHIPPED	CARRIER	
	5-9-94		
PACKED BY	NO. CARTONS	WEIGHT	CHARGES

SIGNATURE	NAME (PRINT)	DATE	CREDIT VERIFICATION			
			H	L	P	RELEASE OK
X	JIM CAPP					

1. Seller has retained a security interest in the above-described merchandise, title to which does not pass until paid for in full.
2. In the event of failure to pay any amount due on this invoice, Customer agrees to pay all costs, including reasonable attorneys' fees and court costs, incurred and/or expended in collecting said amount.
3. Interest will be charged on all past due amounts at the rate of ten percent (10%) per annum.

***RETURNED CHECKS SUBJECT TO A $20.00 SERVICE CHARGE**

***NO RETURNS WITHOUT PRIOR APPROVAL IN WRITING BY VIDEOTAPE PRODUCTS, INC.**

PACKING SLIP

Wing Commander III
Electronic Arts
1450 Fashion Island Blvd.
San Mateo, CA 94404

PURCHASE ORDER

W 3629

(818) 764-2008 INVOICE 2968

TO	SHIP TO
SF Prop Rentals	
ADDRESS 7301 Radford Ave.	ADDRESS
CITY STATE ZIP N. Hollywood CA 91605	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3				696	59	
4						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Wing Commander II
Electronic Arts
1450 Fashion Island Blvd
San Mateo, CA. 94404

(W) 3630

PURCHASE ORDER

(813) 764-2008 INVOICE 2976

TO	SHIP TO
EC Prop Rentals	
ADDRESS 7301 Radford Ave.	ADDRESS
CITY STATE ZIP N. Hollywood. CA. 9605	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3				H1	81	
4						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND _____ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Dan Lee

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3631

213-665-3751

TO	SHIP TO
Joel Tenas	
ADDRESS 1806 N. Berendo #102	ADDRESS
CITY Los Angeles STATE CA ZIP 90027	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			Studio contribution			
4						
5			Props	150	00	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3632

TO	SHIP TO
Julio V. Carranza	
ADDRESS 1316 N. EDonond #202	ADDRESS
CITY Los Angeles STATE CA ZIP 90027	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Studio set construction			
3						
4			Props	150.00		
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3633

213-917-5095

TO	SHIP TO
Michael Clark	
ADDRESS P.O. Box 796	ADDRESS
CITY Oregon House STATE CA ZIP 95962	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Tool Box Rental	400	00	
3						
4			Studio Construction - Props			
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3636

TO	SHIP TO
Drs Don't Jerry Michaelson	
ADDRESS: 7080 Hollywood Blvd Suite 1101	ADDRESS
CITY: Hollywood STATE: CA ZIP: 90028-6938	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			Physical Examination			
4			for Mark Hamill for	150	00	
			Insurance			
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND _____ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Lucier

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W 3627

TO	SHIP TO
Chapman - Leonard	
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
N. Hollywood	

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
		5/4			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1	1		3' Riser	8.00 / ea	
2			as per Jennifer		
3					
4					
			plb. + Disp. ask		
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W 3627

TO	SHIP TO
Chapman - Leonard	
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
N. Hollywood	

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
		5/4			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1	1		3' Risers	8½/day	
2			as per Jennifer		
3					
4					
			Pd. in Cash		
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

IMPORTANT

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PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Chapman
STUDIO EQUIPMENT INC.
12950 Raymer Street
North Hollywood, CA 91605
(818) 764-6726 (213) 877-5309
FAX: (818) 764-2728 Telex: 9102501937
ELECTRIC • MOBILE • TIME SAVING CAMERA CRANES AND DOLLIES
Leonard
STUDIO EQUIPMENT INC.

*** WORK ORDER AND EQUIPMENT RENTAL AGREEMENT ***

** LEONARD STUDIO EQUIPMENT, INC. , LESSOR **

LESSEE:
ELECTRONIC ARTS
1430 FASHION ISLAND
SAN MATEO, CA 94454

CUS#: 5329 CON#: 0001 PRINTED: 5/04/94 13:19:21
SHOW: WING COMMANDER 3
P.O.#: COD/$1000.
JOB#: W2604
CONTACT: LAURIE BOYKOFF 818 994 6656

Qty	Item#	Ser#	Item description	Week1	Week2	Week3	Week4	CUSTOMER INITIALS
			CUSTOMER PAYMENT IN ADVANCE REQUIRED: 1,000.00.					
			DELIVER 5/4 TO: HAYVENHURST STUDIOS, STAGE #1 IN VAN NUYS					
			PICK UP 5/6					
			=== LAURIE IS AWARE OF C.O.D. $1,000.00 ===					
1	3041		3' CAMERA RISER CRANE	40.00	40.00	40.00	40.00	
			Rental start: 5/05/94 9:00 Scheduled return: 5/06/94 9:00					

****
* BY SIGNING IN THE PLACE PROVIDED BELOW, I AGREE TO BE BOUND BY *
* AND COMPLY WITH THE TERMS AND PROVISIONS OF THE EQUIPMENT RENTAL *
* AGREEMENT ON THE REVERSE SIDE HEREOF AND THAT I AM THE LESSEE *
* THEREIN. *
****

*** LAST PAGE ***

CUSTOMER:

SIGNATURES
DATE:
TIME:

EQUIPMENT OUT
DATE: 5-4-94
TIME: 5:20

L.S.E. INC:

PURCHASE ORDER

W 3618

Electronic Arts

TO ADCO EQUIP	SHIP TO Havenhurst Studios
ADDRESS ~~[illegible]~~ - 310-695-0748	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1		1	SHOP VAC	80/WK	
2					
3	1		60' articulating Condor		
4					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

charge to Electric

Thanks

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W 3618

Electronic Arts

TO	SHIP TO
ADDRESS ADCO EQUIP — 310-695-0748	ADDRESS Havenhurst Studios
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1		1	SHOP VAC	80	WK	
2						
3	1		60' articulating Condor			
4						
6						
7						
8			charge to Electric			
9						
10			Chuck			
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W 3618

Electronic Arts

TO	SHIP TO
ADDRESS ADCO EQUIP — 310-695-0748	ADDRESS Havenhurst Studios
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1		1	SHOP VAC	80	WK	
2						
3	1		60' articulating condor			
4						
			charge to electric			
6						
7						
8						
9						
10						
11						
12			Thank			
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W 3618

Electronic Arts

TO	SHIP TO
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

ADCO EQUIP — 310-695-0748

Haverhurst Studios

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1		1	STOP VHS	80	WK	
2						
3	1		60' articulating Condor			
4						
6						
7						
8			charge to			
9			Electric			
10						
11						
12			Thanks			
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3620

Electronic Arts
WWIII

(818) 767-5065

TO	SHIP TO
Expendable Supply	
ADDRESS 7980 N. San Fernando	ADDRESS
CITY Sun Valley STATE CA. ZIP 91352	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Streaks & Tips	108.52		
3			Tape			
4						
6			charge to art department			
7			materials			
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND _____ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Levin

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3621

ELECTRONIC ARTS
WC III

TO	SHIP TO
PACIFIC BELL	Hayward
ADDRESS	ADDRESS 701 Hayward
CITY STATE ZIP	CITY Van Nuys STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			Install extra phone			
4			line:			
			Connect 70.75			
6			JACK 3.00			
7			service 85.00			
8			158.75			
9			To monthly + 8.35			
10						
11						
12			INVOICE			
13						
14			A (misc - non budgeted item)			
15						
16			APPROX:	174.	00	
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Ewer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3621

ELECTRONIC PETS
WC III

TO	SHIP TO
PACIFIC BELL	Maintenance
ADDRESS	ADDRESS 1 Jefferson
CITY STATE ZIP	CITY Van Nuys STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			Install extra phone			
4			line:			
5			Connect 70.75			
6			Jack 3.00			
7			Service 85.00			
8			158.75			
9			Postage + 8.35			
10						
11						
12			INVOICE			
13						
14			(Rise - non budgeted item)			
15						
16			Approx:	174	00	
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Tony Cuevas

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3622

Electronic Arts

TO	SHIP TO
Expendable Supply	Havenhurst
ADDRESS 7880 N. San Fernando Rd	ADDRESS
CITY STATE ZIP Sun Valley CA 91352	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
Electric			P.U.		

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			2 rolls of gels	25	1.00	
3	1					
4			Green Gaffers tape			
6			Wire Ties			
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Paul Lee

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Wing Commander II
Electronic Arts
1450 Fashion Island Blvd
San Mateo, CA 94404

South of Strathern
North of Sherman Way

Phone - 982-3611

PURCHASE ORDER

D 3624

TO	SHIP TO
Eastern Costume	
ADDRESS 7945 Lankershim	ADDRESS
CITY N. Hollywood STATE Ca. ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
Wardrobe		5/2/94			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1	1		chrome collapsable	25	00	
2			wardrobe rack			
3						
4			p/u 5/2 thru 6/1			
6			Attn: Jim Levy			
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Owen

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W 3625

phone - 213-874-0958

TO AT+T	SHIP TO
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1	1		EO Personal Communicator	3000	00	
2						
3						
4						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

Only if lost or damaged

FREE

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Electronic Arts
Wing Commander III

PURCHASE ORDER

W3616

TO	SHIP TO
Clairmont	
ADDRESS 4343 Lankershim	ADDRESS
CITY N. Hollywood STATE CA. ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2		1	mini Whirl	1575.	00	
3			head w/ tilt plate			
4			- camera			
6						
7						
8						
9						
10						
11			P.O. 4/27			
12						
13			on account			
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Oliver
PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

CLAIRMONT CAMERA INC

4343 LANKERSHIM BL NORTH HOLLYWOOD CA 91602
(818) 761-4440 • FAX (818) 761-0861

APR 27 '94 9:33

DAYS IN WEEK: 3.00
CONTRACT NO: Q15768-00
CONTRACT TYPE: Bill at Return
CURRENT DATE: 4/27/94
EMPLOYEE: JILL SANTERO

CUSTOMER
ELECTRONIC ARTS PRODUCTIONS INC
1450 FASHION ISLAND BL
SAN MATEO, CALIF
94404
CUST ID: 2285
PHONE: 415-513-7247

DESCR: MINI WORRAL HEAD

ORD. BY: PAM AUER

WILL CALL

DATE: 4/27/94 AT 12:00
PICKUP: 6/ 2/94 AT 10:00
CONTACT: OPERATIONS
P.O. #: W3616
METHOD: Will call
SHIP NO:

RENT ID	ITEM ID	QTY	DESCRIPTION	SERIAL NUMBER	DATE OUT	TIME OUT	DATE DUE	TIME DUE	AMOUNT
			*** DELIVERY INSTRUCTIONS/COMMENTS *** P/U WED 12PM DESTINATION PHONE NUMBER: 818-994-6656						
PACK	P252	1	MINI WORRAL GEAR HEAD		4/28/94	0:00	6/ 2/94	10:00	1350.00
0610	0610117	1	MINI-WORRAL GEAR HEAD	117	4/28/94	0:00	6/ 2/94	10:00	
0611	0611102	1	SHORT RISER-MINI WORRAL	144 ~~102~~	4/28/94	0:00	6/ 2/94	10:00	
0612	0612102	1	TALL RISER-MINI WORRAL	103 ~~102~~	4/28/94	0:00	6/ 2/94	10:00	
06	0613	2	WHEEL-MINI WORRAL GEAR HEAD		4/28/94	0:00	6/ 2/94	10:00	
0614	0614	1	EYEPIECE LEVELING ROD STUD		4/28/94	0:00	6/ 2/94	10:00	
06121	06121	1	TIE DOWN-MINI WORRAL GEAR HEAD		4/28/94	0:00	6/ 2/94	10:00	
1095	1095	1	CASE-MINI WORRAL GEAR HEAD		4/28/94	0:00	6/ 2/94	10:00	Returned
PACK	P376	1	JBK TILT TABLE		4/28/94	0:00	6/ 2/94	10:00	225.00
0612	0612109	1	TALL RISER-MINI WORRAL	107 ~~109~~	4/28/94	0:00	6/ 2/94	10:00	
08194	08194107	1	JBK TILT TABLE	113 ~~114~~ ~~107~~	4/28/94	0:00	6/ 2/94	10:00	
10181	10181	1	CASE-JBK TILT TABLE		4/28/94	0:00	6/ 2/94	10:00	
		1	3/8 Turn Buckle						

DC per JR JR

APR 27 '94 9:38

CUSTOMER COPY
This is not an estimate or an invoice.

Capt Jim Capp

RENTER OR RENTER'S AGENT

Printed on 4/27/94 at 9:33

CLAIRMONT CAMERA INC

4343 LANKERSHIM BL NORTH HOLLYWOOD CA 91602
(818) 761-4440 • FAX (818) 761-0861

APR 27'94 14:40

DAYS IN WEEK: 3.00
CONTRACT NO: Q15768-00
CONTRACT TYPE: Bill at Return
CURRENT DATE: 4/27/94
EMPLOYEE: JILL SANTERO

CUSTOMER
ELECTRONIC ARTS PRODUCTIONS INC
1450 FASHION ISLAND BL
SAN MATEO, CALIF
94404
CUST ID: 2285
PHONE: 415-513-7247

DESCR: MINI WORRAL HEAD

ORD. BY: PAM AUER

WILL CALL

DATE: 4/27/94 AT 12:00
PICKUP: 6/ 2/94 AT 10:00
CONTACT: OPERATIONS
P.O. #: W3616
METHOD: Will call
SHIP NO:

RENT ID	ITEM ID	QTY	DESCRIPTION	SERIAL NUMBER	DATE OUT	TIME OUT	DATE DUE	TIME DUE	AMOUNT

SUBTOTAL	1575.00
TAX	0.00
ESTIMATE $	1575.00
PAYMETHOD	

RENTER OR RENTER'S AGENT

Printed on 4/27/94 at 9:33

Electronic Arts
Wing Commander III

PURCHASE ORDER

W3616

TO	SHIP TO
c/o Clairmont	
ADDRESS 4343 Lankershim	ADDRESS
CITY N. Hollywood STATE CA ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			c/o			
2		1	mini Whirl	1575.	00	
3			head w/ tilt plate			
4						
6			– camera			
7						
8						
9						
10						
11			P.O. 4/27			
12						
13			on account			
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Oliver

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Electronic Arts
WingCommander III

PURCHASE ORDER

W/3616

TO	SHIP TO
Claremont	
ADDRESS 4343 Lankershim	ADDRESS
CITY N. Hollywood STATE CA ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2		1	Mini Thrustmaster Head W. tilt plate	175.	00	
3						
4						
5						
6			- Camera			
7						
8						
9						
10						
11			P.O. 4/27			
12						
13			on account			
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Tom Clever
PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3620

Electronic Arts
WW III

(818) 767-3065

TO	SHIP TO
Expendable Supply	
ADDRESS 7980 N. San Fernando	ADDRESS
CITY Sun Valley STATE CA. ZIP 91352	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Streaks & Tips	108.	52	
3			Tape			
4						
6			charge to art department			
7			materials			
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Lee

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3620

Electronic Arts
WWIII

(818) 767-3065
Expendable Supply
7980 N. San Fernando
Sun Valley CA. 91352

TO	SHIP TO
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Steadicam Tape	108.	52	
3			Tape			
4						
5						
6			Charge to Art department			
7			materials			
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Sam Lee

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3628

Electronic Arts

TO	SHIP TO
Studio Film & Tape	P. U.
ADDRESS 6674 Santa Monica	ADDRESS
CITY Hollywood STATE CALIF ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
		5/5			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			4 Cases Beta - SP	# 1320.		
4			60 min - Fuji			
6						
7						
8			On Account			
9			TO BE INVOICED			
10						
11						
12			charge to			
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND 1 COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Duer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Wing Commander III
Electronic Arts
1450 Fashion Island Blvd
San Mateo, CA 94404

PURCHASE ORDER

W 3623

(818) 982-3611

TO	SHIP TO
Easter Costume	
ADDRESS 7945 Lankershim	ADDRESS
CITY N. Hollywood STATE CA ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2	6		6 Jan coveralls	6		
3	3		3	60	—	
4						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

PURCHASE ORDER

W 3609

Electronic ARTS
1450 Fashion Island Blvd
San Mateo, Ca 94404

TO	SHIP TO
Expendable Supply	
ADDRESS 7830 N. San Fernando	ADDRESS
CITY Sun Valley STATE CA ZIP 91352	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Expendables			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16				553.76		
17						

CANCEL

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Burkons, Howard

From: CRoberts @ Origin (Chris Roberts)
To: ccontes
Cc: hburkons; mday; RJohnson @ Origin (Richard Johnson)
Subject: Re: Karen Kodet, talent pay master/Wing Comm
Date: Wednesday, March 23, 1994 4:59PM

Sounds fine with me. Check with Donna, Mark Day & Richard Johnson if this works for them.

-Chris

Karen Kodet should be retained soon if we are going to use her for our production. I do not know of any reason not to, since she has proven herself to be adept at clearance, member reports, and getting the $$ to Aftra on time so we avoid penalties, cutting pension & welfare checks. There are approximately 20 cast members that need Aftra station 12 clearances, checks cut, member reports (which she doesn't have to do but will at my request), W-2s,etc.

Generally, paymasters get a % of the talent budget. In this instance, she has proposed:

5% of gross payroll up to $20,000
3% next $10,000
1% thereafter.

So on a $200,000 payroll, she would get:

$ 1,000		
300		
1,700	=	$ 3,000

I know that she does not want to lose the job over monetary considerations, so her fee is negotiable.
I propose that we counter offer $2,000 (plus actual telephone reimbursement for long distance) for up to 20 cast members. Anything after that at $50 per cast member/check.

Please let me have your input on this. Thanks..

April 13, 1994

INVOICE

TO: ELECTRONIC ARTS
C/O ORIGIN
"WING COMMANDER 3"
12940 RESEARCH BLVD.
AUSTIN, TX. 78750

FROM: CAROLINE PERZAN
PROP SHOPPER
21574 ARCOS DR.
WOODLAND HILLS, CA.
91364

PROP SHOPPING SERVICES RENDERED APRIL 4th - APRIL 8th 1994.
THE PER DAY RATE IS 200.00 X 5 DAYS = $1000.00

SOC. SEC.# = 351-74-1976

Caroline Perzan

FLAT
art Dept.
OK (By phone)
Chris Baker
P.A.
OK!

HARRY JARVIS

1475 N. LOS ROBLES AVE.
PASADENA, CA 91104
(818) 398 - 9885
SS# : 218 - 48 - 5698

TO: ELECTRONIC ARTS
ATTN.: TO WHOM IT MAY CONCERN
DATE: APRIL 18, 1994

INVOICE: **FOR SERVICES RENDERED AS FIRST ASSISTANT DIRECTOR ON "WING COMMANDER III" IN PREPARATION TO PRODUCTION. FOR ADDL. EXTENDED PREP UNTIL 4/28/94, A FLAT RATE OF $1,250.00 DOLLARS. PLEASE MAIL CHECK TO ADDRESS ABOVE.**

SINCERELY,

HARRY JARVIS

- assistant Director - prep
ok, Prep flat - A.D.
Pam Auer

April, 1994

Tlhis is to invoice you for
1 week prep @ $2,000.00 per week
starting April 11 th ending April 15, 1994

Thank you

Sincerely,

Gleane C. Meltzer
1414 No. Ogden Dr
L.A. Ca. 90046
S.S. # 134.42.5354

✓ ward/robe/Prop/flat
ok. Pam Dixon

4/18/94

INVOICE

TO: ELECTRONIC ARTS
C/O ORIGIN
"WING COMMANDER 3"
12940 RESEARCH BLVD.
AUSTIN, TX. 78750

FROM: CAROLINE PERZAN
PROP SHOPPER
21574 ARCOS DR.
WOODLAND HILLS, CA.
91364

PROP SHOPPING SERVICES RENDERED APRIL 11 - APRIL 13 1994.
THE PER DAY RATE IS 200.00 X 3 DAYS = $600.00

SOC. SEC.# = 351-74-1976

Caroline

FLAT —
ART DEPT. SHOPPER
OK-Pam Auer

END

FACSIMILE TRANSMISSION COVER

DATE: April 21, 1994

****

TO: Tracy / Sharon
COMPANY: Snodgrass / Warmbrod

FAX: 415 - 513 - 7696

FROM: PAM AUER

FAX: 310 - 457 -6941

TEL: 310 - 457 -6941

OF PAGES INCLUDING COVER SHEET - 5

****

paid.

CHECK REQUEST

PAYEE: Composite Components

ADDRESS: P.O. Box 421301

Los Angeles Cal 90042-1301

TELEPHONE #: (213) 257 - 1163

FAX 213-257-0604

$ AMOUNT: 4,368.75

TODAY'S DATE: 4/27

CHARGE DEPT. #: Stage - Paint

G/L ACCOUNT #: _____ - _____

PROJECT #: _____ - _____

TAX PAYER I.D. #: 95-3288927

DESCRIPTION: remainder of paint. - Has been received.

PREPARED BY: RA

APPROVED BY: _____

INCLUDE IN WEEKLY CHECK RUN: ____ or DATE & TIME NEEDED BY: ____/____ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: _____ EXT. #: _____

or

MAIL CHECK TO THE ABOVE ADDRESS: ✓

see attached invoice

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: __P__/__O__/__M__ GROSS AMT.: _____

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

Composite Components Company

INVOICE #: 001056

SOLD TO:

Electronic Arts
Wing Commander III
1450 Fashion Island Blvd.
San Mateo, CA 94404

Attn: Pam Auer

SHIP TO:

Havenhurst Studios

CUSTOMER NO. 0215 | PURCHASE ORDER NO. W3605 | INVOICE DATE 4/22/94

Quantity	Item	Unit Price	Total
125 Gallons	Digital Green™ Paint	60.00	7,500.00
	Subtotal		7,500.00
	Tax		618.75
	Less Payment Received		-3,750.00
	Total Due		4,368.75

OK, Pam Auer

EID #95-3288927
Terms: Net 10 Days · F.O.B. Shipping Point
No Statement Rendered - Please Pay from This Invoice

Post Office Box 421301, Los Angeles, CA 90042-1301 · (213) 257-1163 · Fax: (213) 257-0604

WingCom
Electronic Arts
1450 Fashion Island Blvd.
San Mateo, CA 94404

PURCHASE ORDER

W .3605
4/15/94

213 257-1163
213 257-0604 fax

TO	SHIP TO
John Erland	
ADDRESS P.O. 421501	ADDRESS
CITY Los Angeles STATE CA ZIP 90042	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			ordered 125 gallons of digital green paint	7,500	00	
2						
3						
4						
5						
6						
7						
8						
9			PAID - 3750. — CK			
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

OK'd by Pam Ater

Jim Capp

PURCHASING AGENT

CHECK REQUEST

Cashiers Check:

PAYEE: Chapman Studio Equip

ADDRESS: 12950 Raymer Street
North Hollywood, CA 91605

TELEPHONE #: (818) 764-6726

$ AMOUNT: 1900.00

TODAY'S DATE: April 26

CHARGE DEPT. #: Camera crane

G/L ACCOUNT #: _____ - _____

PROJECT #: _____ - _____

TAX PAYER I.D. #: _____

DESCRIPTION: Zeus Stage Crane - $1,000.00 refundable deposit / + rental at $900. for rental.

PREPARED BY: Pam Auer

APPROVED BY: _____

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: 4/29 11:00 AM 3:30 PM

RETURN CHECK TO: Hayvenhurst Studios - Production Office EXT. #: _____

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: __P__/__O__/__M__ GROSS AMT.: _____

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

chek #

CHECK REQUEST

PAYEE: Cherie Baker

$ AMOUNT: 3,000.00

ADDRESS: _____

TODAY'S DATE: April 26

_____

CHARGE DEPT. #: art department

_____

G/L ACCOUNT #: _____ - _____

TELEPHONE #: (213) 935 - 6653

PROJECT #: _____ - _____

TAX PAYER I.D. #: _____

DESCRIPTION: Petty cash for art dept props -
To be accounted for with receipts
(CK written by Mark Day)

PREPARED BY: Pam Auer

APPROVED BY: Mark Day

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: ____/____ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: _____ EXT. #: _____

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: __P__/__O__/__M__ GROSS AMT.: _____

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

LASER-PACIFIC MEDIA CORPORATION

PACIFIC VIDEO, INC.
LASER EDIT, INC.
PACIFIC SOUND SERVICES
PACIFIC FILM LABORATORIES
LASER EDIT EAST, INC.
SPECTRA PRODUCTION SYSTEMS

ADMINISTRATIVE OFFICES 809 N. Cahuenga Blvd., Los Angeles, CA 90038
(213) 462-6266 Fax (213) 464-3233

INVOICE NUMBER 93144

INVOICE DATE 4-05-94

Send remittance to:
P.O. Box 38126
Los Angeles, CA 90038-0126

SOLD TO

40761
ELECTRONIC ARTS PROD.
ATTN: DONNA BURKONS
1450 FASHION ISLAND DRIVE
SAN MATEO CA 94404

ORDER DATE	JOB #	CUSTOMER P.O. #	CUSTOMER CONTACT	SLM. NO.
4-01-94		W106	D. BURKONS	

ORDER NO.	PROJECT TITLE	TERMS
11371		DUE UPON RECEIPT

		WING COMMANDER 3 VOICE OVERS..RECORD/EDIT/TRANSFER 3/30/94 SESSION		
16.75	HR	AUDIO. CYBERFRAME DIG. EDIT	150.000	2512.50
2.00	EA	AUDIOSTOCK. CASSETTE	7.000	14.00
1.00	EA	R-DAT	20.000	20.00
		SUB-TOTAL		2546.50
		TOTAL		2546.50

Put on Account

DO NOT PAY THIS
~~###~~ INVOICE —
It was contested
and will be
reduced.

ACCOUNTING COPY

PURCHASE ORDER

W3601

WING COMMANDER III

TO CHERIE BAKER	SHIP TO
ADDRESS ART DEPT	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Petty Cash Request	$5,000.		
3						
4			To Be spent on			
			materials and to			
6			be ACCOUNTED FOR			
7			WITH RECEIPTS.			
8						
9			(SEE ATTACHED Request.)			
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Auer

PURCHASING AGENT

'TERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

ELECTRONIC ARTS
1450 FASHION ISLAND DRIVE
SAN MATEO, CALIF. 94464

PURCHASE ORDER

VENDOR: LASER PACIFIC

ADDRESS: 736 N. SEWARD
HOLLYWOOD CALIF. 90038

ATTN: SUSIE KAUSE - ACCOUNTS DEPT.

FAX: 213-467-4574

DATE: MARCH 28

PO#: W100

VOICE OVER RECORDING MARCH 30 & 31

9:00 A.M. TO 4:00 P.M.

PER HOUR RATE QUOTED: 150/HR

APPROX TOTAL 1800.

SPECIAL INSTRUCTIONS: CALL PAM AUER 310-457-6941 WITH ANY QUESTIONS.

APR 06 '94 13:18 P.3

LASER-PACIFIC MEDIA CORPORATION

PACIFIC SOUND SERVICES

823 North Seward Street, Los Angeles, Ca. 90038 (213) 469-4040

JOB # PSS- 446 44761 WORK ORDER # 11371

Customer Electronic Arts Prods.

Ordered By Donna Burkons

Production Wing Commander 3

Phone # (818) 901 - 1230

Episode Name

Purchase Order # (WIP)

Episode #

Scheduled by EB

Session Date 3/30/94

Location 'F'

Time 9 Am

INSTRUCTIONS

Record wild voice over

Edit selected takes

Transfer to cassette & DAT

FACILITIES USED

OPERATION	DATE	START TIME	STOP TIME	CREW	COMMENTS	TOTAL HRS
V.O	3/30/94	9:00	12:00	L.T.		3
"	"	1:00	1:45	"		3/4
EDITING	"	1:45	6:00	"		4 1/4
TRANSFER	"	6:00	6:15	"		1/4
V.O.	3/31	9:00	10:45	"		1 3/4
EDITING	"	10:45	12:36	"		1 3/4
"	"	1:00	5:00	"		4
TRANSFER	"	5:00	6:00	"		1

16 3/4

STOCK USED

QUANTITY	FORMAT	LENGTH	IDENT NO.	CLIENT / PV	DESCRIPTION
2		60 MIN		PV	AUDIO CASSETTE
1		60 MIN		PV	DAT

Comments or other billable work Bill 16 3/4 hours @ $150/hr +stock

ACCOUNTING USE ONLY EB

ACCEPTED FOR CLIENT: Donna Burkons

PROD CODE	SUPPLEMENTAL DESCRIPTION	QTY	PR CODE	PR CODE	SPEC CODE	

PURCHASE ORDER

W3604

WING COMMANDER III
ELECTRONIC ARTS

Jennifer

TO	SHIP TO
Chapman-Leonard Studio Equip. Inc.	Hayvenhurst Studios
ADDRESS	ADDRESS 7021 Hayvenhurst
CITY STATE ZIP	CITY Van Nuys, Ca STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			1 Zeus Crane w/ O'connor			
3			head w/ pneumatic tires			
4						
5			Sec. dep	1000	—	
6			service chg	24	—	
7			p/v + delivery	125	—	
8			$245/day x 4	980	—	
9			taxable (1,012.25)	83	51	
10			O'Connor Adapter	8	25	
11				~~$220.76~~		
12				1220.76		
13			Delivery on 4/27			
14			P/U on 5/4	955.55		
15			For use 4/28-5/3			
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3614

TO	SHIP TO
Composite Components	
ADDRESS P.O Box 42130	ADDRESS
CITY LA STATE 90072-1301 ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
		Received from C.C. — 7-5gal (Total 21 Buckets or 105 gallons) plus 16 x ~~50~~ green screen — Delivered 4/27			

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Ower

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3614

TO	SHIP TO
Composite Components	
ADDRESS P.O Box 42130 1	ADDRESS
CITY LA STATE 90042-1301 ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Received from			
3			C.C. — 7-5gal			
4						
			(Total 21 Buckets			
6			or 105 gallons			
7						
8			plus 16 x ~~50~~ green			
9			screen —			
10						
11			Delivered 4/27			
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Lucer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3614

TO	SHIP TO
Composite Components	
ADDRESS P.O Box 42130 1	ADDRESS
CITY LA STATE 90092-1301 ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Received from			
3			C.C. — 7-5gal			
4						
			(Total 21 Buckets			
6			or 105 gallons			
7						
8			)			
9			plus 16 x 50 green			
10			screen —			
11						
12			Delivered 4/27			
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Cluer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Wing Commander
Electronic Arts
1450 Fashion Island Blvd.
San Mateo, CA. 94404

PURCHASE ORDER

W 3606

TO	SHIP TO
Exec-u-stay (Denise)	
ADDRESS 17813 S. Main St.	ADDRESS
CITY Gardena STATE CA ZIP 90248	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1			Warner Center Apartments #304 &		
2			#303 Bldg 2. $1 2250.00		
3			includes Apartment, Furniture		
4			& Services. $1 2250.00 per Apt,		
			per month.	$ 9,000 00	
6					
7					
8					
9					
10			To be charged to T&E		
11			½ = Origin		
12					
13			½ = EA PINC		
14					
15					
16					
17					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Auer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3608

TO	SHIP TO
Cory LARSEN	Havenhurst Studios
ADDRESS c/o Havenhurst Studios	ADDRESS 7021 Hayvenhurst Ave
CITY STATE ZIP	CITY Van Nuys, Calif. 91406 STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
			P.U.	net 30days	

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2					
3		5	Walkie Talkies		
4			@ Motorola Radius P-50		
5			$10. a day per unit		
6			on a 30 day week		
7			for 5 weeks		
8					
9			$150.00 x 5	$750.00	
10					
11					
12			all units insured for		
13			$900.00 per unit		
14			(replacement Value)		
15					
16			TO BE INVOICED		
17					

IMPORTANT

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PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Auer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W/3601

TO CHERIE BAKER	SHIP TO
ADDRESS ART DEPT	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Petty Cash Request	$5,000.		
3						
4			To Be spent on			
			materials and to			
6			be ACCOUNTED FOR			
7			WITH RECEIPTS.			
8						
9			(SEE ATTACHED Request.)			
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

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PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Auer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W/3601

TO	SHIP TO
CHERIE BAKER	
ADDRESS ART DEPT	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Petty Cash Request	#5,000.		
3						
4			To Be spent on			
			materials and to			
6			be ACCOUNTED FOR			
7			WITH RECEIPTS.			
8						
9			(SEE ATTACHED Request.)			
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

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Pam Auer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W/3601

TO	SHIP TO
CHERIE BAKER ART DEPT	
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Petty Cash Request	#5,000.		
3						
4			To Be spent on			
			materials and to			
6			be ACCOUNTED FOR			
7			WITH RECEIPTS.			
8						
9			(SEE ATTACHED Request.)			
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

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PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Lewis

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Dff Acct

PURCHASE ORDER

W3607

Electronic ARTS
1450 Fashion Island Blvd.
San mateo Ca 94404

2-669-1144

TO Video Tape Products	SHIP TO
ADDRESS 3201 Madison	ADDRESS
CITY LA STATE CA ZIP 90004	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1	50		Beta Sp Stock - 60 minutes	3.	85	ea
2						
3	50		3/4 Standard	13	10	ea
4						
5						
6						
7						
8						
9			charge to EAPINC account.			
10						
11						
12						
13						
14						
15				2	197	50
16			TX		181	29
17				2,	378	79

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

Dff Acct

PURCHASE ORDER

W3607

Electronic ARTS
1450 Fashion Island Blvd.
San mateo Ca 94404

2-664-1144

TO	SHIP TO
Video Tape Products	
ADDRESS 320 N. Madison	ADDRESS
CITY LA STATE CA ZIP 90004	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1	50		Beta Sp Stock - 60 minutes	3	85	ea
2						
3	50		3/4 Standard	13	10	ea
4						
6						
7						
8						
9			Charge to EA PINC account.			
10						
11						
12						
13						
14						
15				2	197	50
16			TX		181	29
17				2	378	79

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

D&S/Acct

PURCHASE ORDER

W3607

Electronic ARTS
1450 Fashion Island Blvd.
San Mateo Ca 94404

Z-664-1144

TO Video Tape Products	SHIP TO
ADDRESS 3201 Madison	ADDRESS
CITY LA STATE CA ZIP 90004	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1	50		Beta Sp Stock - 60 minutes	3	85	ea
2						
3	50		3/4 Standard	13	10	ea
4						
6						
7						
8						
9			charge to EA PINC			
10			account.			
11						
12						
13						
14						
15				2	197	50
16			TX		181	29
17				2,	378	79

IMPORTANT

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PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

D&S/Acct.

PURCHASE ORDER

W3607

Electronic ARTS
1450 Fashion Island Blvd.
San Mateo Ca 94404

Z-664-1144

TO	SHIP TO
Video Tape Products	
ADDRESS 320 N. Madison	ADDRESS
CITY LA STATE CA ZIP 90001	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1	50		Beta Sp Stock 60 minutes	3	85	ea
2						
3	50		3/4 Standard	1	10	ea
4						
6						
7						
8						
9			Charge to EA PINC account.			
10						
11						
12						
13						
14						
15				2	19	50
16			TX		18	29
17				2	37	79

IMPORTANT

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PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W 3602

TO	SHIP TO
Pam Auer	
ADDRESS 28815 Grayfox St.	ADDRESS SAME
CITY Malibu, Calif. STATE 90265 ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2			Petty Cash Requested	$ 3,000.00	
3					
4					
5					
6			To be accounted for		
7			with receipts —		
8					
9					
10					
11					
12					
13					
14					
15					
16			charge to: Production PC —		
17					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Auer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3602

TO	SHIP TO
Pam Auer	
ADDRESS 28815 Grayfox St.	ADDRESS SAME
CITY Malibu, Calif. STATE 90265 ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
	0				

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2			Petty Cash	$ 3,000.00	
3			Requested		
4					
6			To be accounted for		
7			with receipts —		
8					
9					
10					
11					
12					
13					
14					
15					
16			charge to: Production PC —		
17					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Auer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W 3602

TO	SHIP TO
Pam Auer	
ADDRESS 28815 Grayfox St.	ADDRESS STATE
CITY Malibu, Calif. STATE 90265 ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Petty Cash		$	3,000.00
3			Requested			
4						
5						
6			To be accounted for			
7			with receipts or			
8						
9						
10						
11						
12						
13						
14						
15						
16			Charge to: Production PC —			
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

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Pam Auer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3635

Electric Arts
WC III

TO	SHIP TO
Eastern Costume	
ADDRESS 7945 Lankershim	ADDRESS
CITY N. Hollywood STATE CA ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			WARDROBE RENTALS			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15			TOT:		$	2,360.22
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Aven

PURCHASING AGENT

ERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3635

Electric Arts
WC III

TO	SHIP TO
Eastern Costume	
ADDRESS 7945 Lankershim	ADDRESS
CITY N. Hollywood STATE CA ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			WARDROBE RENTALS			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15			TOT:			
16				$	2,360.22	
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Ulmer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3635

Electric Arts
WC III

TO	SHIP TO
Exeter Costume	
ADDRESS 7945 Lankershim	ADDRESS
CITY N Hollywood STATE CA ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			WARDROBE RENTALS			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15			TOT:		$2,360.22	

ANT

UST APPEAR ON
S, DELIVERY SLIPS

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Auer

PURCHASING AGENT

S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3634

Electric Arts
WC III

Wardrobe Supply

TO	SHIP TO
Eastern Costume	
ADDRESS 7945 Lankershim	ADDRESS
CITY N. Hollywood STATE CA ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Supplies			
3						
4						
5						
6						
7			10			
8						
9						
10						
11						
12						
13						
14						
15			TOTAL:		$150.32	
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Owen

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W 3634

Electric Arts
WC III

Wardrobe Supply

TO	SHIP TO
Eastern Costume	
ADDRESS 7945 Lankershim	ADDRESS
CITY STATE ZIP N. Hollywood CA	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Supplies			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15			TOTAL:		$150.32	
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Auer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W 3634

Electric Arts
WC III

TO	SHIP TO
Wardrobe Supply Eastern Costume 7445 Lankershim	ADDRESS
CITY STATE ZIP N. Hollywood CA	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Supplies			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15			TOTAL:		$150.32	
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND 2 COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Dixon

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

ORDER NO. W 9805

TO Videotape Products

ADDRESS 213-664-1144

CITY

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
		5/9			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2			Tape stock		211.28
3					
4					
5					
6					
7			* Jim is picking up on acct.		
8			- Jim will fill in specific item + cost information		
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

W3617

Electronic Arts

TO	SHIP TO
Embroidery Images	
ADDRESS 32843 Ventura Blvd.	ADDRESS
CITY Woodland Hills STATE Ca ZIP 91364-1702	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1	32		patches for uniforms			
2						
3			charge to wardrobe	209	30	
4						
6						
7						
8			CK # 523			
9			Dead P.C.			
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

Electronic Arts

Co 9818

TO Studio Film & Tape

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2					
3			2 cases Beata Fijit		
4					
5					
6					
7					
8			20 X 33.50 =	670.00	
			+ Tax		
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM.
1L147/01147

ORIGINAL

Wing Commander
Electronic Arts
1450 Fashion Island Blvd
San Mateo, CA. 94404

PURCHASE ORDER

W 3611

~~(818) 761-0861~~ fax
(818) 761-4440

TO ~~Claremont Camera~~ Expendible Supply

ADDRESS 787 San Fernando Rd

CITY Sun Valley STATE CA ZIP 91352

SHIP TO

ADDRESS

CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			50 Use Cards	1241	27	
2						
3						
4			expendables			
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Wing Commander
Electronic Arts
1450 Fashion Island Blvd
San Mateo, CA. 94404

PURCHASE ORDER

W 3611

( ) Not-Odot fax
(212) 761-4440
(Warehouse: Expeditie Supply
38C Co Ferrand Rd
Sun Valley CA 91352

TO	SHIP TO
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			50 CueCards	141	27	
2						
3						
4			expedited			
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

EXPENDABLE SUPPLY STORE

MAILING ADDRESS
PHONE: (213) 875-2409
(818) 767-5065
7830 N. SAN FERNANDO RD.
SUN VALLEY, CA 91352
FAX (818) 768-2422

HOLLYWOOD DIVISION
PHONE: (213) 465-3191
6433 SUNSET BLVD.
HOLLYWOOD, CA 90029

EAST COAST DIVISION
PHONE: (704) 597-1808
(800) 852-3549
9100-C PERIMETER WOODS DR.
CHARLOTTE, NC 28216
FAX (704) 597-1829

SALES ORDER # 151860

SOLD TO ELECTRO
ELECTRONIC ARTS
2430 FASHION ISLAND
SAN MATEO CA 94464

SHIPPED TO
SAME

TITLE	PROD'N #	P.O. #	PAGE
WING COMMANDER		W3611	1

STORE #	SALESMAN	ORDERED BY	ORDER DATE
1	MARIO REP	JIM CAPP	04-25-94

TERMS	RESALE #	SHIPPED VIA	DATE SHIPPED
NET 7 DAYS		W/C	04-25-94

QTY ORD'D	QTY SHP.	QTY B.O.	ITEM NUMBER	DESCRIPTION
50	50		SCBW	SHOWCARD:B/W 32"X40"

TOTAL WEIGHT: 0

SALES AMOUNT
DISCOUNT
SALES TAX 8.25%
FREIGHT

TOTAL

X J. Capp
AUTHORIZED SIGNATURE

PACKING SLIP

PURCHASE ORDER

W3644

TO	SHIP TO
Modern Props	Electronic Arts —
ADDRESS	ADDRESS WCTII
CITY Venice STATE CA ZIP 90291	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1	3		chairs; Rigged BK Seat (W) Awns	65	00	195 00
2						
3						
4						
6						
7						
8			PROPS			
9						
10						
11						
12						
13						
14						
15					195	00
16					16	09
17					211	09

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Lee

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3639

00 602632

TO	SHIP TO
Audio Services Corp.	
ADDRESS: 10639 Riverside Pr.	ADDRESS
CITY: N. H. STATE: CA ZIP: 91607	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3						
4			Walkie-Talkie Rental	80	—	
			4-28 / 5-05 week 1			
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND Pam Auer COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

WingCom
Electronic Arts
1450 Fashian Island Blvd.
San Mateo, CA 94404

PURCHASE ORDER

W 3605

4/15/94

213 257-1163
213 257-0604 fax

TO John Erland	SHIP TO 4/15/94
ADDRESS P.O. 421501	ADDRESS
CITY Los Angeles STATE CA ZIP 90042	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			ordered 125 gallons of digital	7,500	00	
2			green paint			
3						
4						
6						
7						
8						
9			PAID - 3750.			
10						
11			— PAID TOTAL —			
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

OK'd by Pam Auer

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

WingCom
Electronic Arts
1450 Fashion Island Blvd.
San Mateo, CA 94404

PURCHASE ORDER

W 3605

4/15/94

213 257-1163
213 257-0604 fax

TO John Erland	SHIP TO 4/11-4/14
ADDRESS P.O. 421301	ADDRESS
CITY Los Angeles STATE CA ZIP 90042	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			ordered 125 gallons of digital green paint	7500	00	
2						
3						
4						
6						
7						
8						
9			PAID - 3750.			
10						
11			— PAID TOTAL —			
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

OK'd by Tom Auer

Jim Capp

PURCHASING AGENT

WingCom
Electronic Arts
1450 Fashion Island Blvd.
San Mateo, CA 94404

PURCHASE ORDER

W 3605

4/15/94

213 257-1163
213 257-0604 Fax

TO	SHIP TO
John Erlund	4/11-14
ADDRESS PO 421301	ADDRESS
CITY Los Angeles STATE CA ZIP 90042	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			ordered 15 gallons of digital green paint	7500	00	
2						
3						
4						
5						
6						
7						
8						
9			PAID - 3750.			
10						
11			PAID TOTAL			
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

OK'd by Tom Auer

PURCHASING AGENT

Wing Commander
Electronic Arts
1450 Fashion Island Blvd.
San Mateo, CA. 94404

Attn: Dispatch
Attn: Jose (818) 996-7100
(818) 701-9113 FAX

PURCHASE ORDER

W 3610

TO	SHIP TO
Northridge Rentals	
ADDRESS 19251 Napa St.	ADDRESS
CITY Northridge STATE CA ZIP 91325	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1			60' Articulating Condor		
2			@ 310/per day		
3			Termination Day Rental.		
4					
5					
6					
7			1 day	310.00	
8					
9			Cottage		
10			Charged		
11					
12					
13					
14					
15			To Be INVOICED BY STAGE		
16					
17				$310.00	

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Wing Commander
Electronic Arts
1450 Fashion Island Blvd.
San Mateo, CA. 94404

Attn: Dolph
Attn: Jesse (818) 916-7100
(818) 701-9113 FAX

PURCHASE ORDER

W 3610

TO	SHIP TO
Northridge Rentals	
ADDRESS 18251 Napa St	ADDRESS
CITY N. Hollywood STATE (CA) ZIP 91325	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1			60' Articulating Condor			
2			3 Ea/per day			
3			Terminator Dog Robot			
4						
6						
7			1 Ea	310.00		
8						
9						
10						
11						
12						
13						
14						
15			To Be Invoiced By Stage			
16						
17				$310.00		

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

~~Expedabel~~

Wing Commander III

Electronic Arts.

PURCHASE ORDER

ORDER NO. 9807

TO Expendable Supply

ADDRESS 7830 N San Fernando Rd

CITY Sun Valley CA 91352

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2			Green Golfers Tape	6 44	
3				on account	
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

DISPOSITION OF MATERIAL

Receiving Clerk

PURCHASING AGENT

REDIFORM

PURCHASE ORDER

W 3637

213-936-6195

TO	SHIP TO
QTV (John)	
ADDRESS 7350 Beverly Blvd.	ADDRESS
CITY LA STATE Ca ZIP 90036	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
		5/12			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			1 teleprompter	$1185	—	
3			For use on 5/12, 5/13 & 5/16			
4						
			✓ request written			
6			✓ due on 5/13 by 11:00 am			
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

PURCHASE ORDER

3638

TO	SHIP TO
Pac Bell	
ADDRESS: Payment Center	ADDRESS
CITY: Van Nuys STATE: CA ZIP: 91388	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
		5/20/94			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			Telephone Bill.	176	27	
4						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND Pam Auer COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3640

Invoice # 41241

TO	SHIP TO
Walter B. Martin Jr.	
ADDRESS: 2075 W. Mountain St.	ADDRESS
CITY: Glendale STATE: CA ZIP: 91201	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Sound Equipment Package			
3			rental for week end 5/4/94	1700	—	
4						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17			Pam Ave r			

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3641

Invoice # 41240

TO	SHIP TO
Walter B. Martin Jr	
ADDRESS 2075 W. Mountain St.	ADDRESS 415-513-
CITY Glendale STATE CA ZIP 91201	CITY STATE ZIP 7696

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2			Sound Equipment Package		
3			rental for weekended		
4			5/11/94	2000.00	
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17			Pam Auer		

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3642

TO Precision Effects LTD	SHIP TO
ADDRESS 7602 San Fernando Rd	ADDRESS
CITY Sun Valley STATE CA ZIP 91352	CITY STATE ZIP 415-513-7696

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			Labor on set for			
3			Kilrathi puppets for			
4			week ended 5/8/94			
				955436		
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17			Pam Auer			

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3643

Invoice # 863826

TO	SHIP TO
ABC	
ADDRESS P.O. Box 399 La Mirada	ADDRESS 412-513
CITY CA STATE 90637 ZIP	CITY STATE ZIP 7696

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3			Talent Casting	168.50		
4						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

Pam Auer

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

Wing Commander III

Electronic Arts
1450 Fashion Island Blvd
San Mateo, CA 94404

PURCHASE ORDER

W 3650

766942

TO	SHIP TO
Expendable Supply	
ADDRESS 7320 N. San Fernando Rd.	ADDRESS
CITY Sn. Valley STATE CA. ZIP 91352	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2	9	9	Paper Tape	19	21	
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

'W 9809

Electronic Arts

(310) 306-1400

TO "Modern Props

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3	1		Light Chair Rental			
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						7036

IMPORTANT

UR ORDER NUMBER MUST APPEAR ON ALL IN-CES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

J Capp

PURCHASING AGENT

REDIFORM.
1L147/01147

ORIGINAL

PURCHASE ORDER

9010

TO Chloe Enterprises

ADDRESS 12560 Raymer St.

CITY North Hollywood, CA 91605

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
		5/18			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2			3 hole trailer - $375/wk		375—
3					
4			$75 del $75 p/u		150—
5					
6			del. - 6:45 am 5/18		
7					
8			p/u - THUR. 5/26		$525.00
9					
10			as per DEE		
11					
12			C.O.D.		
13					
14			FAX: 818-765-2891		
15			Phone - 818-765-6500		
16					
17			SEUT		
18					
19					
20					
21					
22					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL IN-VOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM

CHECK REQUEST

PAYEE: CHLOE ENTERPRISES $ AMOUNT: $525.00

ADDRESS: 12560 Raymer St TODAY'S DATE: 5-16-94

North Hollywood, Ca 91605 CHARGE DEPT. #:

G/L ACCOUNT #: _____ - _____

TELEPHONE #: (818) 765-6500 PROJECT #: _____ - _____

TAX PAYER I.D. #:

DESCRIPTION: 3 hole trailer + del/plv (1 wk)

PREPARED BY: L. Baykoff APPROVED BY:

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: 5/17 11:00 AM 3:30 PM

RETURN CHECK TO: PAM AVEN EXT. #:

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: VOUCHER #: VENDOR #:

INVOICE #: REFERENCE:

INVOICE DATE: ___ - ___ - ___ TYPE: P / O / M GROSS AMT.:

G/L ACCT. #: ___ - ___ - ___ $ AMT.: ___ . ___ PROJ. #:

___ - ___ - ___

___ - ___ - ___

___ - ___ - ___

PREPARED BY: APPROVED BY A/P SUPERVISOR:

Post-It™ brand fax transmittal memo 7671 # of pages ▸

To Katy Sharon	From
Co.	Co.
Dept.	Phone #
Fax # 415-513-7696	Fax #

PURCHASE ORDER

3608

TO	SHIP TO
Cory LARSEN	Havenhurst Studios
ADDRESS c/o Havenhurst Studios	ADDRESS 7021 Hayvenhurst Ave
CITY STATE ZIP	CITY Van Nuys, Calif. 91406 STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
			P.U.	net 30days	

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3		5	WalKie TalKies			
4			@ Motorola Radius P-50			
5			$10. a day per unit			
6			on a 30 day week			
7			for 5 weeks			
8						
9			$150.00 x 5			$750.00
10						
11						
12			all units insured for			
13			$900.00 per unit			
14			(replacement Value)			
15						
16			To Be Invoiced			
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pam Quinn

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

3608

TO	SHIP TO
Cory LARSEN	Havenhurst Studios
ADDRESS: c/o Havenhurst Studios	ADDRESS: 7021 Havenhurst Ave
CITY / STATE / ZIP	CITY: Van Nuys, Calif. 91406 / STATE / ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
			P.U.	net 30 days	

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3		5	Walkie Talkies			
4			of Motorola Radius P-50			
5			$10. a day per unit			
6			on a 30 day week.			
7			for 5 weeks			
8						
9			$150.00 x 5	$ 750.00		
10						
11						
12			one units insured for			
13			$900.00 per unit			
14			(Replacement Value)			
15						
16			To Be Invoiced			
17						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W9819

Electronic Arts

TO Keno Flo

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2	2		Keno Flo Lites		
3	2		micro kits		
4	2		Extra Lamps - 1 day	248.98	
5			weekly	454.65	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18			- Mike -		
19					
20					
21					
22					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

Tom Dwyer

PURCHASING AGENT

REDIFORM
1L147/01147

ORIGINAL

PURCHASE ORDER

W 3615

Electronic ARTS

TO Studio Film & Tape	SHIP TO
ADDRESS 6677 Santa Monica	ADDRESS J. U.
CITY Hollywood STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
		4/27			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2			4 cases Beta-SP		
3			60 min - Fuji		
4					
5					
6			VHS		
7			4 cases ~~3/4~~" Fuji no ~~SP~~		
8					
9			60 min		
10					
11					
12			TAPE STOCK		
13			ON Account		
14			TO BE INVOICED TOTAL→	1750	94
15					
16					
17				~~Hold~~	~~50~~

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pamela Queen

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3615

Electronic ARTS

TO Studio Film & Tape	SHIP TO
ADDRESS 6674 Santa Monica	ADDRESS J. U.
CITY Hollywood STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
		4/27			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			4 cases Beta-SP			
3			60 min - Fuji			
4						
6						
7			4 cases 3/4" Fuji			
8						
9			60 min			
10						
11						
12			TAPE STOCK			
13			ON Account			
14			TO BE INVOICED			
15						
16						
17				1750		

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Pamela Owen

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

PURCHASE ORDER

W3615

Electronic ARTS

TO	SHIP TO
Studio Film & Tape	
ADDRESS 6677 Santa Monica	ADDRESS
CITY Hollywood STATE ZIP	CITY STATE ZIP

FOR	REQ. NO.	DATE REQUIRED	HOW SHIP	TERMS	DATE
		4/27			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2			4 cases Beta-SP			
3			60 min - Fuji			
4						
5						
6						
7			4 cases 3/4" Fuji			
8						
9			60 min			
10						
11						
12			TAPE STOCK			
13			ON account			
14			TO BE INVOICED			
15						
16						
17				1750.		

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL CASES, PACKAGES, DELIVERY SLIPS & INVOICES, ETC.

PLEASE SEND 2 COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

Angela Green

PURCHASING AGENT

ENTERPRISE PRINTERS & S STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398 255

STUDIO FILM AND TAPE (LA), INC.

P I C K I N G T I C K E T

T[illegible]O FILM & TAPE INC.
6[illegible] SANTA MONICA BLVD.
OLLYWOOD, CA 90038

Order-#: 84130
Order-date: 04/20/94

Sold-to: ELECTRONIC ARTS
ATT; PAM/LAURIE
28815 GRAYFOX
MALIBU, CA 90265

Ship-to: ELECTRONIC ARTS
ATT; PAM/LAURIE
28815 GRAYFOX
MALIBU, CA 90265

W-3615

Cust-#: ELECAR P.O.#: LAURIE Terms: 2%-10days/net20 Rep: 99

Ship-via: Customer pickup Date-to-ship: ASAP Date-shipped: _____

Loc / Seq-#	Item-# / Description-1 / Description-2	Qty Ordered	Unit	Qty To-ship	Qty Shipped
EW-1 0020	FT60NC FUJI,T-60HQ. <NEW 2.75 each 1/2" VHS VIDEOTAPE.	40	EACH	40	40
EW1 001[illegible]	FB60SP FUJI,BETACAM SP-60. <NEW .33 ea M-321 1/2" VIDEOTAPE.	45	EACH	45	45

Comments: MUST HAVE READY FOR PICKUP
WEDNESDAY, 8 AM, 4/27.
LILA, EXT. 890.

MUST BE READY!!!! THANKS.

2 Line items Total quantity: 85 85

RECEIVED BY: JIM CAPP (PLEASE PRINT) SIGNATURE: [signature]

NOTICE: PLEASE READ THE LIABILITY PROVISIONS & TERMS AND CONDITIONS OF SALE PRINTED ON THE REVERSE SIDE.

CUSTOMER COPY

STUDIO FILM & TAPE (SFT) LIABILITY PROVISIONS AND TERMS & CONDITIONS OF SALE

Any description of goods contained in these terms and conditions or set forth overleaf is for the sole purpose of identifying the goods. Is not part of the basis of the bargain, and does not constitute a warranty that the goods shall conform to that description. Any model or sample exhibited to purchaser was for illustrative purposes only, is not part of the basis of the bargain, and is not a warranty that the goods will conform to the sample or model. No affirmation of facts and no statement or promise made or opinion expressed by SFT or any agent or employee of SFT which is not specifically set forth herein shall constitute a warranty that the goods will conform to such affirmation, statement, promise or opinion. SFT makes no other warranty, express or implied, with respect to the nature, quality, merchantability or fitness of the goods sold. SFT disclaims any and all warranties of merchantability and any warranty of fitness of the goods for any particular purpose.

SFT shall have no liability to purchaser for damage to any film, tape or other product entrusted to SFT for evaluation, erasure, cleaning, reloading, spooling down or other repackaging except that SFT will furnish tape stock (new or reprocessed, at SFT'S option) to replace any entrusted to SFT for cleaning only from which information or image is erased due to its gross negligence or willful misconduct.

As to cleaning or erasing services: SFT will use its best efforts to clean or erase as specified overleaf any tapes entrusted to SFT by purchaser for such purpose, but SFT does not represent or warrant that it will clean or erase (as the case maybe) such tapes to any particular or specified standard or such as to make them fit for any particular purpose.

As to evaluation services: SFT makes no representation or warranty and expresses no opinion as to the usability or suitability of any evaluated tape for any particular purpose, and any expression of such nature shall be deemed comment only and shall be relied upon by purchaser at its sole risk. SFT shall have no liability for damage, cost, liability, or expense arising from inaccuracy of any data furnished in respect of any tape evaluated, except inaccuracy due to SFT'S gross negligence or willful misconduct.

As to reload services: SFT shall have no liability for any cost, expense, damage or liability incurred by purchaser in connection with any purchase of tape reloading services if purchaser shall have not complied with SFT'S instruction as to shipment and the condition in which purchaser's shells are to be delivered to SFT. Purchaser agrees to pay SFT'S reasonable charges for putting any noncomplying shells into such condition and for replacment of a shell not suitable for reloading. SFT reserves the right to reject any order for reloading of goods not received in the condition instructed and the cost returning such goods shall be borne by purchaser.

Notwithstanding possession, legal title and ownership of the goods described shall remain in SFT until the purchase price has been paid in full.

If any litigation or other proceedings are instituted in connection with this purchase and sale, the losing party shall pay to the prevailing party a reasonable attorneys fee therefor.

This sale is made without any warranty that the goods are suitable for any particular use.

CHECK REQUEST

PAYEE: Composite Components Co. $ AMOUNT: 4546.50

ADDRESS: P.O. Box 42/301 TODAY'S DATE:

LA, CA 90042-9301 CHARGE DEPT. #:

G/L ACCOUNT #: ____ ____

TELEPHONE #: (213) 257 - 1163 PROJECT #: ____ ____

TAX PAYER I.D. #:

DESCRIPTION: Green Paint for Studio set

PREPARED BY: Laurel Richter APPROVED BY:

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: ___/___ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: EXT. #:

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: VOUCHER #: VENDOR #:

INVOICE #: REFERENCE:

INVOICE DATE: ___ - ___ - ___ TYPE: P / O / M GROSS AMT.:

G/L ACCT. #: ___ - ___ - ___ $ AMT.: . PROJ. #:

___ - ___ - ___ . ___

___ - ___ - ___ . ___

___ - ___ - ___ . ___

PREPARED BY: APPROVED BY A/P SUPERVISOR:

Composite Components Company

INVOICE #: 001060

SOLD TO:

Electronic Arts
Wing Commander III
1450 Fashion Island Blvd.
San Mateo, CA 94404

Attn: Pam Auer

SHIP TO:

(Same)

CUSTOMER NO. 0215 | PURCHASE ORDER NO. W9804 | INVOICE DATE 5/9/94

Quantity	Item	Unit Price	Total
70 Gallons	Digital Green™ Paint	60.00	4,200.00

Subtotal	4,200.00
Tax	346.50
Total Due	4,546.50

EID #95-3288927
Terms: Net 10 Days · F.O.B. Shipping Point
No Statement Rendered - Please Pay from This Invoice

Post Office Box 421301, Los Angeles, CA 90042-1301 · (213) 257-1163 · Fax: (213) 257-0604

PURCHASE ORDER

ORDER NO. 9817

Electronic Arts

TO Eastern Costum

ADDRESS 7945 Lankershim

CITY N. Hollywood

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2					
3			2 belts	23 81.09	
4			2 pairs of shoes		
5					
6					
7					
8					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND 2 COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM.
1L147/01147

ORIGINAL

PURCHASE ORDER

ORDER NO. 9810

Modern Arts
San Mateo, CA
415-573-7543

TO Modern Props

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2		1	high back chair	119	08	
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM
1L147/01147

ORIGINAL

PURCHASE ORDER

ORDER NO.
W 9813

Acct # EL3000

TO Videotape Products
ADDRESS 213-664-1144 ext 294
CITY Renée

SHIP TO
ADDRESS
CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE
		5/16			

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1					
2			4 cases FUJI BETA SP	30 78/ea	= 1,231 20
3					
4			VHS		
5			1 CASE ^ FUJI Hi-grade	2 49/ea	99 60 =
6					
7					
8			p/u after 1 pm 5/16		
10					
11					
12					
13				inc. tax	1440 59 =
14					
15					
16					
17					
18					
19					
20					
21					
22					

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

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PLEASE SEND 2 COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

Pam Lee

PURCHASING AGENT

REDIFORM
1L147/01147

ORIGINAL

CHECK REQUEST

PAYEE: Namie's Beauty Supply

ADDRESS: 12801 Victory Blvd.
No. Hollywood, CA 91606

TELEPHONE #: (818) 763-7072

$ AMOUNT: 167.25

TODAY'S DATE: 5/13/94

CHARGE DEPT. #: [redacted] - makeup/supplies

G/L ACCOUNT #: _____ - _____

PROJECT #: _____ - _____

TAX PAYER I.D. #: _____

DESCRIPTION: Makeup Supplies for Wing Commander 3
INV. # 43473

PREPARED BY: [signature]

APPROVED BY: [signature]

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: 5/16 Hand cut by Mark Day 11:00 AM / 3:30 PM

RETURN CHECK TO: _____ EXT. #: _____

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

ck# 1060

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: P / O / M GROSS AMT.: _____

G/L ACCT. #	$ AMT.	PROJ. #
_____ - _____ - _____	_____ . _____	_____
_____ - _____ - _____	_____ . _____	_____
_____ - _____ - _____	_____ . _____	_____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

NAIMIE'S

FILM & TELEVISION
Beauty Supply

INVOICE
43473

12801 VICTORY BLVD.
NO. HOLLYWOOD, CA 91606

818-763-7072
213-877-2230

FAX 818-763-1209

Customer's Order No.

Date May 13 19 94

Sold to Origin Research Prod Lana Sharpe

Address

City State

Show Name Wing Commander 3

SOLD BY	CASH	C.O.D.	CHARGE	ORDERED BY	TELEPHONE
				Lana SharpE	

	QUANTITY	QTY. SHP.	DESCRIPTION	PRICE	AMOUNT
1	2		Bags Puffs		120 00
2	1		Chubs		4 50
3	1/2		case Kleenex		30 00
4					154 50
5			pd ck # 1060		
6					tax 12 75
7					167 25
8					
9					
10			Deliver COD		
11					
12					
13					
14					
15					
16					
17			7021 Havenhurst		
18			Van Nuys CA.		
19					
20					
21					
22					

THANK YOU

TERMS NET 15 DAYS

TOTAL 167 25

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL.
5% Service Charge will be added on all delinquent accounts.

Received By

ELECTRONIC ARTS PRODUCTIONS, INC.
1450 FASHION ISLAND BOULEVARD
SAN MATEO, CA 94404

FIRST INTERSTATE BANK OF CALIFORNIA NO. 684
177 PARK CENTER PLAZA
P.O. BOX 1268
SAN JOSE, CA 95108-1268

1060
16-21/1220

5/13 1994

PAY TO THE ORDER OF Namie's Beauty Supply $ 167.25

One Hundred SixtysEven + 25/100 DOLLARS

TWO SIGNATURES REQUIRED FOR CHECKS OVER $10,000.00

FOR Makup Supplies Wing 3

⑈00001060⑈ ⑆122000218⑆684205327⑈ 11

CHECK REQUEST

PAYEE: Bless My Soul

ADDRESS: P.O. Box 228

Topanga, Cal 90290

TELEPHONE #: 310, 455 - 3035

$ AMOUNT: 1537.15

TODAY'S DATE: 5/13

CHARGE DEPT. #: Lunch/caterer

G/L ACCOUNT #: _____ - _____

PROJECT #: _____ - _____

TAX PAYER I.D. #: _____

DESCRIPTION: Caterer - 2 days -

5/12 50 lunches at #12./per head

5/13 60 lunches at 12./per

PREPARED BY: Pam Auer

APPROVED BY: _____

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: ___/___ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: _____ EXT. #: _____

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

ck written by Mark Day

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: __P__/__O__/__M__ GROSS AMT.: _____

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

(310) 455 3035 9242

Bless My Soul
P. O Box 228
Topanga Ca
90290

SOLD TO [redacted] Electronic Arts

STREET & NO. Haywenhurst Studios

CITY

SHIPPED TO

STREET & NO.

CITY

CUSTOMER'S ORDER	SALESMAN	TERMS	VIA	F.O.B.	DATE
—					5/12,13,94

5/12	50 lunches at 12.00 per			600	00
5/13	60 lunches at 12.00 per			720	00
2	days service Charge			100	00
				1420	00
			8¼ Tax	117	15
				$ 1537	15

total 1537.15

Paid check 1121
Pam Ames

REDIFORM
7L736

INVOICE

ELECTRONIC ARTS PRODUCTIONS, INC.
1450 FASHION ISLAND BOULEVARD
SAN MATEO, CA 94404

FIRST INTERSTATE BANK OF CALIFORNIA NO. 684
177 PARK CENTER PLAZA
P.O. BOX 1268
SAN JOSE, CA 95108-1268

1121
16-21/1220

5/13 19 94

PAY TO THE ORDER OF Bless My Soul $ 1537.15

One Thousand Five Hundred Thirtyseven & 15/100 DOLLARS

TWO SIGNATURES REQUIRED FOR CHECKS OVER $10,000.00

FOR INV#9242 catering 2 days

⑈00001121⑈ ⑆122000218⑆684205327⑈ 11

CHECK REQUEST

PAYEE: Pam Auer

ADDRESS: 7021 Hayvenhurst Ave
Van Nuys, Ca. 91406

TELEPHONE #: (310) 457-6941

$ AMOUNT: # 3,000

TODAY'S DATE: 5-16-94

CHARGE DEPT. #:

G/L ACCOUNT #: ____ - ____

PROJECT #: ____ - ____

TAX PAYER I.D. #:

DESCRIPTION: Petty Cash

PREPARED BY: Laurie Boykoff

APPROVED BY: Pam Auer

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: 5/16 11:00 AM / 3:30 PM

RETURN CHECK TO: ASAP - Tues A.M. EXT. #:

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: VOUCHER #: VENDOR #:

INVOICE #: REFERENCE:

INVOICE DATE: ____-____-____ TYPE: P / O / M GROSS AMT.:

G/L ACCT. #	$ AMT.	PROJ. #
____-____-____	____.____	____
____-____-____	____.____	____
____-____-____	____.____	____

PREPARED BY: APPROVED BY A/P SUPERVISOR:

CHECK REQUEST

ART

PAYEE: Mike Clark

$ AMOUNT: $800.00

ADDRESS: _____

TODAY'S DATE: 4/28

_____

CHARGE DEPT. #: _____

_____

G/L ACCOUNT #: _____ - _____

TELEPHONE #: (____) _____ - _____

PROJECT #: _____ - _____

TAX PAYER I.D. #: _____

DESCRIPTION: Rental of tool Box for 2 weeks at 400/week — (Saws, handy building equip etc) charge to art dept.

PREPARED BY: P.A.

APPROVED BY: _____

INCLUDE IN WEEKLY CHECK RUN: ✓ or DATE & TIME NEEDED BY: ____/____ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: Hayvenhurst Studios EXT. #: _____

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

see attached invoice

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: P / O / M GROSS AMT.: _____

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

Mike Clark
Tool
Box
Rentals
800-00 ll

EXEMPTIONS

WEEK ENDING
4-23

	HOURS	RATE	AMOUNT
Rental for week of AUG 18-23			
$400.00			
TOTALS			

F.I.C.A.	FED. W.T.	STATE W.T.	UNION	OTHER	TOTAL

BALANCE DUE

OK,
Pam Auer

[redacted]

EMPLOYEE'S NUMBER	EXEMPTIONS
568-68-7305	
NAME	WEEK ENDING
MICHAEL CLARK	4-16-54

DAY	JOB DESCRIPTION	HOURS	RATE	AMOUNT
	TOOL BOX			
	RENTAL			
	FOR WEEK			
	OF APRIL-11-15			
				00
	$4			
	TOTALS			

F.I.C.A.	FED. W.T.	STATE W.T.	UNION	OTHER	TOTAL

BALANCE DUE

9616

OK, Pam
Allen

CHECK REQUEST

Production Supplies / Equip cat.

PAYEE: Perfect Copy Products

ADDRESS: 5914 Kester Ave.
Van Nuys, Cal 91411

TELEPHONE #: (818) 997 - 9120

$ AMOUNT: _____

TODAY'S DATE: _____

CHARGE DEPT. #: _____

G/L ACCOUNT #: _____ - _____

PROJECT #: _____ - _____

TAX PAYER I.D. #: _____

DESCRIPTION: Rental of copy machine
charge to copy's or office supplies
(CHECK WRITTEN BY MARK DAY)

PREPARED BY: Pa

APPROVED BY: _____

INCLUDE IN WEEKLY CHECK RUN: ____ or DATE & TIME NEEDED BY: ____/____ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: _____ EXT. #: _____

or

MAIL CHECK TO THE ABOVE ADDRESS: ____

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: __P__/__O__/__M__ GROSS AMT.: _____

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

PRODUCTION SUPPLIES (Equip category)

PERFECT COPY PRODUCTS, INC.

~~14534 CALVERT STREET~~ 5914 Kester Ave.
VAN NUYS, CALIFORNIA 91411

REMITTANCE ADDRESS:

5914 KESTER AVENUE
VAN NUYS, CA. 91411

(818) 997-9120

ACCOUNT NO. C-000001

INVOICE NO. 18880 Page 1 of 1

SOLD TO	SHIPPED TO
ELECTRONIC ARTS 28815 Grayfox Malibu, CA 90265	HAYVENHURST STUDIOS 7021 Hayvenhurst Van Nuys, CA 91406

F.O.B.	VIA CARRIER	TAXABLE	RESALE	RESALE TAX NUMBER
Destination	our Truck	X		

ICE DATE	CUSTOMER P.O. NO.	SALESMAN	CUSTOMER ORDER DATE	TERMS	PPD OR COLL	DATE SHIPPED
pr-94	PAM	14534	27-Apr-94	C.O.D.	X	27-Apr-94

D. CODE	SIZE	ORDERED	SHIPPED	B/O	DESCRIPTION	QUANTITY	PRICE	AMOUNT
	EACH	-1	-1	0	RENTAL-CANON NP1215 4/27-5/31	-1	186.66	(186.66)
00T	CTG	-1	-1	0	CANON NP1215/1520/2020 TONER	-1	25.01	(25.01)
	EACH	1	1	0	CANON NP8580 SN CPC01196 **	1	700.00	700.00
0T	CTN	1	1	0	CANON NP6000/7000/8000 TONER	1	102.50	102.50
					**RENTAL-CANON NP8580 4/27-5/31			

PAID
CC # 1043 (mark DAY)

Laurie Bryant
for Pam Auer
4-27-94

HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN ACCORDANCE WITH FAIR LABOR STANDARDS ACT OF 1938, AS
NDED. IT IS AGREED THAT THE TITLE TO THE ABOVE MERCHANDISE REMAIN WITH SELLER UNTIL PURCHASE PRICE IS
IN FULL.
OMER AGREES TO PAY ALL COURT COST AND ATTORNEY FEES FOR THE OBLIGATION HEREIN IN THE EVENT LITIGATION
ES FOR COLLECTION OF SAME. ACCEPTANCE OF BILL LADING ACKNOWLEDGES THIS OBLIGATION.

AS' FROM INVOICE. NO STATEMENT WILL BE SENT UNLESS REQUESTED.

EASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

ATE PAYMENT PENALTY SERVICE CHARGE OF 1.5% PER MONTH 18.0% PER ANNUM WILL BE ON ALL
OUNT BALANCES NOT PAID WITHIN 30 DAYS OF THE INVOICE DATE.

MERCHANDISE TOTAL	590.83
Taxable Sales	740.83
SALES TAX	61.12
	0.00
Ship/Handling	150.00
PLEASE PAY THIS AMOUNT	801.95

8.25%

L US ABOUT THE NEW
ON NP COMPACT COPIER LINE.

REMITTANCE COPY

CHECK REQUEST

~~Hair~~ makeup
310.14 - Lana Shayne
3064.75 - FISHER DOLLY
Cashiers check

PAYEE: Pam Auer

ADDRESS: 28815 Grayfox St
Malibu, Calif. 90265

TELEPHONE #: (310) 457-6941

$ AMOUNT:

TODAY'S DATE:

CHARGE DEPT. #:

G/L ACCOUNT #: _____ - _____

PROJECT #: _____ - _____

TAX PAYER I.D. #:

DESCRIPTION: additional petty cash to cover checks written out of Deco Production account.

PREPARED BY: Pam Auer

APPROVED BY:

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: 4/29 11:00 AM 3:30 PM

RETURN CHECK TO: Haywenhurst Studios EXT. #:

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

TOTAL : ~~3074.89~~ 3374.89

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: VOUCHER #: VENDOR #:

INVOICE #: REFERENCE:

INVOICE DATE: ____ - ____ - ____ TYPE: P / O / M GROSS AMT.:

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: APPROVED BY A/P SUPERVISOR:

NAIMIE'S

FILM & TELEVISION
Beauty Supply

INVOICE
55081

12801 VICTORY BLVD.
NO. HOLLYWOOD, CA 91606

818-763-7072
213-877-2230

FAX 818-763-1209

PAID ck #519 Make up reimbursement

Customer's Order No. _____ Date 4-25 19 94

Sold to LANA F. Sharpe

Address 3768 Calle Jazmin

City Calabasas State CA 91302

Show Name Wing Commander 3

SOLD BY	CASH	C.O.D.	CHARGE	ORDERED BY	TELEPHONE
		X		LANA.	

QUANTITY	QTY. SHP.	DESCRIPTION	PRICE	AMOUNT
1	8 Box	Kleenex		20 00
2	2 BOXS	Latex uncut sponges.		38 00
3	1 BAG	~~of~~ buffs.		60 00
4	6	Clairol Cond Color		17 70
5	1	Fresh lock Bags.		10 95
6	2	Masey-Shampoo/Moist.		18 00
7	1	Dermacolor CFS1		67 30
8	1	Baby Fresh		5 50
9	6	Almay Mascara		23 70
10	2	Eye lashes.		5 00
11	1	Italian Q tips.		5 00
12	2	Binaca		5 50
13	1	Sun of a Gun		1 95
14	1	8 oz Bottle.		1 25
15	1	D. one styling brush.		2 50
16	5	make up brushes.		30 85
17	1	Eyebrow pencil		1 00
18	1	pony bands BLK. 6pk.		1 50
19	1	Cartmex yellow		1 89
20	1	Spong.		1 25
21				318 84
22		CK # 571		26 30

THANK YOU — TERMS NET 15 DAYS — TOTAL

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL. 345 14
5% Service Charge will be added on all delinquent accounts. — 35.00

Received By

310 14

519

DECO PRODUCTIONS
PAM AUER
28815 GRAYFOX ST. 310-457-6941
MALIBU, CA 90265

April 26 19 94

16-24
1220(7)

PAY TO THE ORDER OF Lana Sharpe $ 310.14

Three Hundred and Ten and 14/100 DOLLARS

MALIBU OFFICE
WELLS FARGO BANK
3654 CROSS CREEK ROAD, MALIBU, CA 90265

MEMO Makeup reimbursement Pamela Auer

⑈122000247⑆519 0876 00740 2⑈

SAFETY PAPER

— written out of PC account
— Catagory ! makeup supplies

CHECK REQUEST

wardrobe

PAYEE: Wardrobe Supply Company

ADDRESS: 7945 Lankershim Blvd.
North Hollywood, CA 91605

TELEPHONE #: (818) 982 - 3611
FAX 818-982-1905

$ AMOUNT: 74.13

TODAY'S DATE: 4/28

CHARGE DEPT. #: Wardrobe

G/L ACCOUNT #: _____ - _____

PROJECT #: _____ - _____

TAX PAYER I.D. #: 95 - 431 2355

DESCRIPTION: Wardrobe supplies

PREPARED BY: Pam Auer

APPROVED BY: _____

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: ____/____ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: _____ EXT. #: _____

or

MAIL CHECK TO THE ABOVE ADDRESS: ✓ see attached invoice

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: __P__/__O__/__M__ GROSS AMT.: _____

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

Wardrobe Supply Company

7945 Lankershim Blvd.
North Hollywood, CA 91605
Phone: (818) 982-3611 • Fax: (818) 982-1905
Fed ID # 95-4312355

PAGE NO.	INVOICE DATE	CUSTOMER NO.
1	04/19/94	00-0512225

INVOICE NO. 0001417-IN

SOLD TO
ELECTRONIC PROD/WING COMMANDER
7021 HAVENHURST AVE.
VAN NUYS CA 91406

SHIP TO

DATE SHIPPED	PURCHASE ORDER NO.	DATE REQUESTED	SHIP VIA	F.O.B.
			PU	

TITLE	PROD. NO.	TERMS	SALESPERSON	TERR.	STATE
ING COMMANDER III		NO TERMS			CA

ITEM NO.	DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	TAX	UNIT PRICE	EXTENDED AMOUNT
AGFE1L	FULLER'S EARTH	1.000	Y		6.95	6.95
AGBU1L	BURNT UMBER	1.000	Y		5.19	5.19
AGB1L	BLACK UMBER	1.000	Y		5.99	5.99
TATS1	TOPSTICK, 1", 50/BX	6.000	Y		3.50	21.00
TAG2	GAFFERS TAPE, 2"	1.000	Y		12.95	12.95
RDP	RIT DYE POWDER	3.000	Y		1.99	5.97
SPMLL	MAGIC LEATHER SPRAY 13 OZ.	1.500	Y		6.95	10.43

Wardrobe Supplies
OK, Da
Pleane C. Meltzer

TOTAL TAXABLE:	68.48
NON-TAXABLE:	.00
NET INVOICE:	68.48
SALES TAX:	5.65
PLEASE REMIT THIS AMOUNT	74.13

1½% PER MONTH SERVICE CHARGE
18% ANNUALLY, CHARGED ON ALL
PAST DUE ACCOUNTS OVER 30 DAYS.

ORIGINAL

CHECK REQUEST

PAYEE: Universal

ADDRESS: 100 Universal City
Universal City
C.A 91606

TELEPHONE #: (818) 777-7869

$ AMOUNT: $45.00

TODAY'S DATE: 5-31-94

CHARGE DEPT. #: _____

G/L ACCOUNT #: _____ - _____

PROJECT #: WCIII - _____

TAX PAYER I.D. #: _____

DESCRIPTION: podium from Funeral sequence

PAY TO:

PREPARED BY: Cherie Baker
217-54-8818

APPROVED BY: _____

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: ____/____ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: _____ EXT. #: _____

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

pd. ck #1147

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: P / O / M GROSS AMT.: _____

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

CHECK REQUEST

PAYEE: DOZAR Office

ADDRESS: 9937 Jefferson
Culver City, CA.
90232.

TELEPHONE #: (310) 559 - 9292

$ AMOUNT: 454.65.

TODAY'S DATE: 5-31-94.

CHARGE DEPT. #: _____

G/L ACCOUNT #: _____ - _____

PROJECT #: WCTTL - _____

TAX PAYER I.D. #: _____

DESCRIPTION: 24 chairs for wrapman selection set

PAY TO: & 454.65 to cover prop rental to "payee" Above

PREPARED BY: CherieBaker APPROVED BY: _____

11 : 00 AM
INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: ____/____ 3 : 30 PM

RETURN CHECK TO: _____ EXT. #: _____

or
MAIL CHECK TO THE ABOVE ADDRESS: ___

pd ck # 1147
MD

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: __P__/__O__/__M__ GROSS AMT.: _____

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

Sprint

A & A SPECIAL EFFECTS 7021 HAYVENHURST VAN NUYS, CA 91406	INVOICE SUMMARY	PAGE: 2 ACTIVITY THROUGH: 5/15/94 INVOICE ACCOUNT ID: 841804534 INVOICE DATE: 5/16/94

CURRENT MONTH	CHARGES	DISCOUNTS/CREDITS
USAGE CHARGES		
IN-STATE	$160.15	
STATE-TO-STATE	181.00	
INTERNATIONAL	27.00	
DIRECTORY ASSISTANCE	3.30	
TOTAL USAGE CHARGES	$371.45	
TOTAL NON-USAGE CHARGES	$.00	
DISCOUNTS		
THE MOST DISCOUNTS		-$.20
PROMOTIONS		-.16
TOTAL DISCOUNTS		-$.36
TAXES/SURCHARGES		
FEDERAL EXCISE TAX	$9.82	
UNIV LIFE TRUST FUND	10.72	
STATE 911 TAX	.54	
STATE PUC USER FEE	.01	
D.E.A.F. TRUST SURCHARGE	.11	
CITY UTILITY TAX	38.27	
TOTAL TAXES/SURCHARGES	$59.47	
TOTAL CURRENT CHARGES	$430.56	
BALANCE FROM LAST STATEMENT	$186.29	
PAYMENT RECEIVED 4/25/94		-$186.29

AMOUNT DUE BY 6/08/94	$430.56

IF YOU HAVE QUESTIONS ABOUT YOUR INVOICE, PLEASE CALL CUSTOMER SERVICE AT 1 800 877-4020
PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS

Printed on recycled paper

INVOICE DATE: 5/16/94
INVOICE ACCOUNT ID: 841804534

A & A SPECIAL EFFECTS
7021 HAYVENHURST
VAN NUYS, CA 91406

Please apply attached payment of $430.56 - Production phones

PLEASE DETACH AND RETURN TO ENSURE PROPER PAYMENT
THANK YOU FOR USING SPRINT

MAKE CHECK OR MONEY ORDER PAYABLE TO SPRINT IN U.S. DOLLARS
DO NOT SEND CASH

REMITTANCE

0000043056841804534040

SPRINT
P O BOX 52243
PHOENIX, AZ 85072-2243

TOTAL AMOUNT DUE: $430.56
AMOUNT DUE BY 6/08/94
AMOUNT ENCLOSED $ _____

VIRGIL L. HARPER

CINEMATOGRAPHY

Rt. 1 Box 332 Terrebonne, Oregon 97760 Ph. 503-548-1126

EQUIPMENT & EXPENSES INVOICE

Invoice #: E9405 Invoice date: 5/26/94

INVOICED TO
Company: ELECTRONIC ARTS
Address:
City: State: Zip:

Prod. Dates: 5/19 THRU 5/25/94 Prod. # :
Prod. Title: WING COMMANDER III
Spcl. Notes:

COST BREAKDOWN

Camera Equip:	$0.00	Support Equip:	$1,890.00
Out of Pocket:	$0.00	Travel Costs:	$0.00
Misc. Costs:	$0.00		

INVOICE TOTAL: $1,890.00

Make payable to Virgil L. Harper/Cinematography (Fed.# 95-3752502).
Payment due within 15 days from date of invoice or a late fee will be charged.

Thank you

Virgil L. Harper

DR:

5684

What's Cooking Good Looking Caterers
8624 Balboa Blvd.
Northridge Ca 91325

55 FF
553-29-5334
Ricki Shelton

CUSTOMER'S ORDER NO.	DEPT.	DATE
		May 26 94

NAME Electronic Arts

ADDRESS ~~Mon 23rd 55 people, Wed 25th 55~~ Mon 23rd 50 Tue 24th 50 Thu 26th 55 Fri 27th 55

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE RETD.	PAID OUT

QUAN.		DESCRIPTION	PRICE	AMOUNT
270	1	Lunch(s) at #11 per person		297000
	3	8.25% Sales Tax		24502
	4	Dinner-Served 85x5		#2500
	5	pd ck #1135 Days.		
	6			364002
	7			
	8			
	9			
	10	#3640.02		
	11			
	12	Total		
	13	Thanks for your business		
	14	Ruth Shelton		
	15			
	16			
	17			
	18			

REC'D BY

REDIFORM
5L320/01320

KEEP THIS SLIP
FOR REFERENCE

Paid by Mail

ELECTRONIC ARTS PRODUCTIONS, INC.
1450 FASHION ISLAND BOULEVARD
SAN MATEO, CA 94404

FIRST INTERSTATE BANK OF CALIFORNIA NO. 684
177 PARK CENTER PLAZA
P.O. BOX 1268
SAN JOSE, CA 95108-1268

1135
16-21/1220

5/26 19 94

PAY TO THE ORDER OF What's Cooking Good Looking Caterers $ 3,640.02

Three Thousand Six Hundred Fourty + 02/100 DOLLARS

TWO SIGNATURES REQUIRED FOR CHECKS OVER $10,000.00

FOR INV. # 5684 WC3

⑈00001135⑈ ⑆122000218⑆684205327⑈ 11

PURCHASE ORDER

ORDER NO. W 0823

Electronic Arts
Wing Commander II

TO Star Waggons

SHIP TO

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE 5/26

QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
		2-Hole arrwing			
		Between 5:30-6:00			
		Contact: SPENCE 818-367-5946			
		200/day = Thurs/Fri			
		400. - change			
		150. delivery P.U.			
		= $550.00			
		C.O.D.			
		Kathy Montgomery			

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

Pam Amer

PURCHASING AGENT

REDIFORM
1L147/01147

ORIGINAL

Electronic Data

PURCHASE ORDER

ORDER NO. W 0824

TO MODERN PROPS

ADDRESS 4063 REDWOOD AVE

CITY LA CA 90066

SHIP TO

ADDRESS

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

	QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE		UNIT
1						
2						
3						
4			4 Props	173	00	
5						
6						
7						
8						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND ~~COPIES~~ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

Pam Auer

PURCHASING AGENT

REDIFORM.
1L147/01147

ORIGINAL

CUSTOMER COPY

THIS IS A CONTRACT

THE WORDS RENTER, BUYER, YOU AND YOU MEANS THE PERSON WHO SIGNS THIS CONTRACT (OR ARE OBLIGATED UNDER ITS TERMS). WE, OUR AND DEALER REFER TO THE BUSINESS NAMED AT RIGHT.

MODERN PROPS
4063 REDWOOD AVE.
LOS ANGELES, CA 90066
PHONE (310) 306-1400
FAX (310) 822-5992

PAYMENT TERMS:

- ☐ NET 30 DAYS From 'Billed Date'
- ☐ NET DUE Upon Receipt of Invoice
- ☐ PREPAID - No Action Necessary

CONTEMPORARY, FUTURISTIC, ELECTRONIC, PROP RENTAL

WE WILL BE CLOSED FOR MEMORIAL DAY, MONDAY MAY 30, 1994
OUR BUSINESS HOURS ARE 8:00 TO 5:00 MONDAY THROUGH FRIDAY
IF YOU HAVE ANY QUESTIONS PLEASE CALL US AT 310-306-1400.

CUSTOMER ID: 13870 — RENTAL CONTRACT — CONTRACT NUMBER: 01-013279-00

05/24/94

ELECTRONIC ARTS PROD., INC.
1450 FASHION ISLAND BLVD.
SAN MATEO, CA 94404

ELECTRONIC ARTS PROD., INC.
1450 FASHION ISLAND BLVD.
SAN MATEO, CA 94404

415 513-7247

P/O NUMBER: W9875
ORDERED BY: CHERIE BAKER
SHOW NAME: WING COMMANDER 3
SHOW NAME:

RO/PO#: W9875
SHOW #:
PAGER: 818 994 6661

OUT: THU 05/26/94 10:50
DUE: THU 06/02/94 10:50

ITEM NO.	QTY	DESCRIPTION	RATE INFO	UNIT	EXTENDED
15-30455 01	1	LAMP: KEOS, BLK, COLOR SHADE MP TH BIN: ULU 6320		32.00	32.00
15-16450 01	1	LAMP: CRYSTAL ROCK SLVR MP TH BIN: ULU 6450		35.00	35.00
15-11111 01	1	PEDESTAL: BLK GLASS SHELF MP TH BIN: ULU 6390		29.00	29.00
15-7[illegible] 15-7001	1	CAKE DISH: SLVR FRM, BLU GLSMP TH ULU-6 540		54.00	54.00

RECEIPTS SUMMARY

METHOD	REF/PO	AMOUNT
[illegible]	W9875	

SUMMARY

FURNITURE	32.00
KITCHEN/HOME [illegible]	[illegible]
LIGHTING	[illegible]
CA SLS TAX	[illegible]
TOTAL	[illegible]

The undersigned renter, specifically acknowledge that I have received and understand the instructions regarding the operation of the rented equipment.

Renter acknowledges that he has read and fully understands the within equipment rental contract and is bound by all of the terms, conditions and provisions hereof. Renter acknowledges that he has received a correct copy of this agreement at the time of execution hereof.

I acknowledge that I have read, understand and accept all of the terms and conditions set forth on this contract, that I have the authority on behalf of the renter named above to sign this rental agreement, and that items listed above are in good working order and condition.

RETURN EQUIPMENT BY: [illegible]

X _____
SIGNATURE

THIS IS YOUR CONTRACT, READ BOTH SIDES BEFORE SIGNING

05/26/94 ELECTRONIC ARTS PROD., INC 01-013279-00

PURCHASE ORDER

ORDER NO. W 9822

ELECTRONIC ARTS
Wing Commander III

TO Chapman Dolly

SHIP TO Haypenhurst

ADDRESS

ADDRESS

CITY

CITY

REQ. NO.	FOR	DATE REQUIRED	TERMS	HOW SHIP	DATE

QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1		NIKE		
		1 day 205.		
		PU Del 125.		
		~~3 trvl~~ 24.		
		37.		
		+ TAX		
		$ 410.40		

IMPORTANT

OUR ORDER NUMBER MUST APPEAR ON ALL IN-VOICES, PACKAGES, ETC.

PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

PLEASE SEND COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING

PURCHASING AGENT

REDIFORM
1L147/01147

ORIGINAL

CHECK REQUEST

PAYEE: Dolores Albain

ADDRESS: 7021 Hayvenhurst
Van Nuys, Calif 91406

TELEPHONE #: (818) 994-6656

$ AMOUNT: 146.68

TODAY'S DATE: May 24

CHARGE DEPT. #: Origin

G/L ACCOUNT #: ____-____

PROJECT #: ____-____

TAX PAYER I.D. #: ____

DESCRIPTION: telephone / gas / electric for
Chris & Robert's House in L.A.

PREPARED BY: ____ APPROVED BY: Pam Auer

INCLUDE IN WEEKLY CHECK RUN: X or DATE & TIME NEEDED BY: ____/____ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: ____ EXT. #: ____

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: ____ VOUCHER #: ____ VENDOR #: ____

INVOICE #: ____ REFERENCE: ____

INVOICE DATE: ____-____-____ TYPE: _P_/_O_/_M_ GROSS AMT.: ____

G/L ACCT. #: ____-____-____ $ AMT.: ____.____ PROJ. #: ____

____-____-____ ____.____ ____

____-____-____ ____.____ ____

____-____-____ ____.____ ____

PREPARED BY: ____ APPROVED BY A/P SUPERVISOR: ____

PACIFIC BELL
A Pacific Telesis Company

Residence Service Flat Rate
Account Number
818 786-5646 844 S 5066

Statement Date
May 14, 1994

GLADYS MORSE
15621 VANOWEN
VAN NUYS CA
91406

Page 1

Previous Charges	Amount of last bill			13.81
	Payment(s). Thank you. 5/03			13.81CR
	Balance			**.00**
Current Charges	Pacific Bell	Page	2	20.84
	AT&T	Page	4	57.97
				78.81
Total Due	**Due by Jun 14, 1994**			**$78.81**

LATE CHARGE REMINDER. A late charge may apply on Jun 16 if your payment has not been received. Your bill, however, must still be paid before the DUE BY date to avoid any other penalties (See Reverse)

Whom to Call		
	Pacific Bell - payment arrangements and billing questions:	*800-498-8899*
	Pacific Bell - adding, changing or disconnecting service:	*800-498-2355*
	Pay-By-Phone - To make a payment or apply for this service, call:	*800-794-9794*
	Centro Hispano de Pacific Bell, llame gratis:	*800-870-5855*

FOR QUESTIONS ABOUT THE CHARGES OF OTHER COMPANIES, PLEASE REFER TO THE TOP OF EACH COMPANY'S PAGE.

STARTING IN JUNE...LOOK AT BOTH SIDES OF YOUR BILL

Soon you'll notice something different about your Pacific Bell bill--the information about your account will be printed on BOTH the front and the back of your bill pages. We are doing this not only to help save trees, but to also make our billing operations more efficient.

Our new "double-sided" Pacific Bell bill is coming in June...watch for it

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account Number	**Statement Date**	**Payment Due**	**Total Due**
818 786 5646 844 066 S 5	May 14, 1994	Jun 14, 1994	$78.81

Enter Amount Paid > > >
Make Check Payable to Pacific Bell.

$ ☐☐.☐☐

VN/FF 1 OZ. **CR32

GLADYS MORSE
15621 VANOWEN
VAN NUYS CA 91406

PACIFIC BELL
PAYMENT CENTER
VAN NUYS CA 91388

107 7865646 844 818 066

00 180 89065 7881

Total Due for Gas-Water & Power - Phone $146.68

Los Angeles Department of Water and Power
P.O. Box 10210, Van Nuys, CA 91410-0210

PIN 4974

GLADYS P MORSE
15621 VANOWEN ST

ACCT# 3-11-87178-15621-00-0000-0-01

BILL ISSUE DATE 05/18/94		
AMOUNT OF PREVIOUS BILL	$ 59.58	
PAYMENTS SINCE 03/22/94	$ 59.58-	
ELECTRIC LIFELINE RATE R1E	**SERVICE DATES 03/18/94 TO 05/16/94**	
ELECTRIC SERVICE USED		$ 61.44
LIFELINE DISCOUNT		28.22-
METER 02-ELECTRIC TOTAL	**$ 33.22**	
WATER LIFELINE RATE A	**SERVICE DATES 03/18/94 TO 05/16/94**	
2 INCH SERVICE		$ 17.67
LIFELINE DISCOUNT		17.67-
METER 01-WATER TOTAL	**$ 0.00**	

SEWER SERVICE CHARGE ADJUSTED TO 100% OF FULL RATE

CHARGES IMPOSED BY NON-DWP AGENCIES

STATE ENERGY SURCHARGE	$ 0.12
SEWER SERVICE CHARGE	13.56
LOW INCOME SEWER DISCOUNT	2.03-

PLEASE PAY THIS AMOUNT NOW DUE ▶ $ 44.87

METER USAGE INFORMATION

METER	TYPE	METER NUMBER	READS CURRENT	PREVIOUS	CONSTANT	USAGE
02	E	9-578653	24284	23672	1	612
01	W	39414974	1292	1282	1	10

METER	DAYS THIS YR	DAYS LAST YR	USAGE THIS YR	USAGE LAST YR	DAILY AVERAGE THIS YR	DAILY AVERAGE LAST YR
02	59	59	612	484	10	8 KWH
01	59	59	10	34	127	431 GAL

WHEN PAYING, MAIL THIS PORTION OR BRING ENTIRE BILL TO OFFICE
WANT TO SAVE ELECTRICITY, THE ENVIRONMENT, AND RECEIVE A $50 SAVINGS BOND?
HAVE DWP PICK UP YOUR SPARE REFRIGERATOR OR FREEZER AT NO COST TO YOU.
TO SCHEDULE AN APPOINTMENT OR FOR MORE INFORMATION, CALL 1-800-234-9722.

PROJECT ANGEL DONATION CIRCLE $2 $5 $10 $_____

PLEASE PAY THIS AMOUNT NOW DUE $ 44.87

INDICATE AMOUNT IF DIFFERENT

GLADYS P MORSE **CR 32
15621 VANOWEN ST
VAN NUYS CA 91406

H LOS ANGELES DEPARTMENT OF WATER & POWER 3118717815621000000001000000044874

SAVE WATER. IT'S EASIER THAN YOU THINK!

Walter B. Martin Jr.
2075 W. Mountain St.
Glendale, CA 91201

INVOICE

41244

SOLD TO	SHIP TO
Electronic Arts	"Wing Commander III"
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SALESMAN	TERMS	F.O.B.	DATE
				5-25-94

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		Sound Equipment Rental for weekend ending 5-25-94			$ 2,000.00

OK Jan Hall

Walter B. Martin

TC5840

PHILLIP GESSERT

DBA - PHILLIPPI DIVERSIFIED SS# 228-78-8385
30620 LINDSAY CANYON RD. CANYON COUNTRY CALIFORNIA 91351
(805) 251-4113

INVOICE

TO: ELECTRONIC ARTS PROD.INC.
1450 FASHION ISLAND BLVD.
SAN MATEO, CA 94404

DATE: MAY 4, 1994
INVOICE: 253

PRODUCT: **WING COMMANDER III**

CLIENT: ORIGIN SYSTEMS

DATE	**SERVICE**
4/25/94 THRU 5/3/94	WEEK I - EDITORIAL SERVICES FIVE DAYS @ $700. PER DAY TOTAL = $3500.00

OK! Pam Allen

TOTAL..... **$3500.00**
Due Upon Receipt.
Thank You.

PHILLIP GESSERT

DBA - PHILLIPPI DIVERSIFIED SS# 228-78-8385
30620 LINDSAY CANYON RD. CANYON COUNTRY CALIFORNIA 91351
(805) 251-4113

INVOICE

TO: ELECTRONIC ARTS PROD.INC.
1450 FASHION ISLAND BLVD.
SAN MATEO, CA 94404

DATE: MAY 25, 1994
INVOICE: 256

PRODUCT: **WING COMMANDER III**

CLIENT: ORIGIN SYSTEMS

DATE **SERVICE**

5/18/94 WEEK IV - EDITORIAL SERVICES
THRU
5/24/94 FIVE DAYS @ $700. PER DAY .....$ 3,500.00

EDITORIAL COSTS

Freelance Editorial Assistant..... 150.00
Editorial Supplies..... 25.00

TOTAL = $3,675.00

ok Ca'n Ave

TOTAL..... **$3,675.00**
Due Upon Receipt.
Thank You.

PHILLIP GESSERT

DBA - PHILLIPPI DIVERSIFIED SS# 228-78-8385
30620 LINDSAY CANYON RD. CANYON COUNTRY CALIFORNIA 91351
(805) 251-4113

INVOICE

TO: ELECTRONIC ARTS PROD.INC.
1450 FASHION ISLAND BLVD.
SAN MATEO, CA 94404

DATE: MAY 20, 1994
INVOICE: 255

PRODUCT: **WING COMMANDER III**

CLIENT: ORIGIN SYSTEMS

DATE	**SERVICE**
5/11/94 through 5/17/94	WEEK III - EDITORIAL SERVICES FIVE DAYS @ $700. PER DAY

TOTAL = $3500.00

O.K.
Pam Ahern

TOTAL..... $3500.00
Due Upon Receipt.
Thank You.

INVOICE/STATEMENT

P.O. BOX 399 LA MIRADA,, CA. 90637 Ph: 714 994-1615 Fax: 714 994-3903 Fed ID: 91-0637335

ELECTRONIC ARTS
HAYVENHURST STUDIOS: PAM AUER
7021 HAYVENHURST
VAN NUYS CA 91406

ACCOUNT No.	INVOICE No.
ELEART	066439
PERIOD END	PAGE NO.
22 May 94	1

DATE	CONTROL NO.	AUTH BY TIME CALLED	FROM/TO	CUST. REF.	SV TY	CHARGES	TOTAL CHARG
			Opening Balance				160.50
10 May			Payment - Thank You	P62953=CK1005			-22.75
10 May			Payment - Thank You	62292 - CK 10			-19.00
18 May	8947	PAM AUER 05:20 pm	HAYVENHURST STUDIOS JOSH LUCAS 7021 HAYVENHUR VAN N 1930 WEEPAH WY LA46		OT	BASE $ 35.25	35.25
			TOTAL INVOICE				35.25

Pam Auer

THERE WILL BE A **1.5%** MONTHLY **FINANCE CHARGE** ON OPEN BALANCES OVER 30 DAYS.
STATE REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS

OVERDUE	CURRENT	BALANCE DUE
118.75	35.25	154.00

PLEASE DETACH AND RETURN THIS STUB WITH YOUR REMITTANCE TO:

ACCOUNT No.	INVOICE No.	PERIOD END.
ELEART	066439	22 May 94

OVERDUE	CURRENT	BALANCE DUE
118.75	35.25	154.00

P.O. BOX 399 LA MIRADA,, CA. 90637
Fed ID: 91-0637335

Sunset

Laundraclean

STUDIO CLEANERS

— 24 HOUR/7 DAY SERVICE —

8100 Beverly Boulevard, Los Angeles, CA 90048

Plant No. (213) 653-2360 Beeper No. (213) 966-1335

— Tuxedos and Accessories for Rental or Sale Available —

Picture Name WINGCOMMANDER III Date 5/12/94

Picture No. _____ Date Wanted 5/17/94 (TUES)

Deliver To HAYVENHURST STUDIOS Time Wanted 9:00 A.M.

Quantity	Item	Total
1	Red cape w/ purple shirt attached LONG	15 50
1	Red Robe/Tunic LONG	15 50
1	pr. purple harem type pants	7 50
4	Orange/Brown Large Jumpsuits	80 00

USE EXTREME CARE !!

THANKS

Pam Hayes

TOTAL 118 50

Sunset Laundrateria
8100 W Beverly Blvd.
Los Angeles, CA 90048

I n v o i c e

Ship to/Remark

PAY FROM THIS INVOICE ONLY

"Wing Commander III"
Havenhurst Studios
7021 Havenhurst Ave.
Van Nuys, CA 91406

Date 05/16/94 No. 3454 Page 1 Due Date 06/15/94

Via FOB Terms 0,0, N30 Your#
Our#

Description	Ordered	Shipped	Unit Price	Extended
Dry Cleaning 43853	1.0	1.0	118.5000	118.50

Sub-Total	:	118.50
Tax	:	0.00
Total	:	118.50
Net To Pay	:	118.50

BILL MYER
10812 Bothwell Road
Chastworth, CA 91311
(818) 831-7700

Date 5-25-94

Invoice No. WC3104

ATT: PAM AUER

To: ELECTRONIC ARTS
1450 FASHION ISLAND DR.
SAN MATEO, CA 94464 TEL 415.513.7342

FOR SERVICES RENDERED:

SPECIAL MAKEUP CONSULTING	
WING COMMANDER III	
(5) FIVE SHOOTING DAYS ENDING 5-25-94	
SPECIAL RATE	$2733 00
SUPPLIES FOR PLASTIC BLOOD PUDDLE	75 00
TOTAL AMOUNT DUE	$2808 00

OK Pam Auer

THANK YOU, Bill M

SS #192-52-7696 FED. I.D. #95-4130299

Mary Jo Devenney
216 Horizon Ave.
Venice, Ca. 90291-3714
(310) 392-2637

SS# 200-44-8228
FED I.D.# 95-3938118

INVOICE

33633

SOLD TO	SHIP TO
Electronic Arts Pixels	30b Wing Commander III
ADDRESS ~~702~~ 1420 Fashion Island Dr.	ADDRESS
CITY, STATE, ZIP San Mateo, Ca. 94402	CITY, STATE, ZIP (415) 573-7566

CUSTOMER ORDER NO.	SALESMAN	TERMS	F.O.B.	DATE
				5-19-94

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
6		Days Sound package rental @ $50/day			$300 00
12		9 Volt Batts @ $2/ea			$24 00
50		Sound Logs (4 cars) @ $10/ea			$5 00

OK
Tom Chen

Total $329 00

33634

EMPLOYMENT DEVELOPMENT DEPARTMENT #0040
1116 N.MCCADDEN
LOS ANGELES CA 90038-1285

EDD Serving the People of California

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT

Telephone:
(213) 993-4600

THIS NOTICE WAS MAILED TO THE EMPLOYER/ADDRESS LISTED BELOW ON: 05/23/94

New Claim:
Additional Claim: X

ELECTRONIC ARTS
7021 HAYVENHURST
VAN NUYS CA 91499

IMPORTANT: NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED

This is a notice that a claim for unemployment insurance benefits has been filed. Forward it immediately to persons within your organization who are responsible for handling claims. **The time limit for replying is 10 days from the mail date shown above. Failure to respond may result in an increased Employment Tax Rate.**

The claimant provided us with the following information and listed you as his/her last employer:

Claimant's Name	Social Security Number	Effective Date of Claim: 05/01/94
AUGUST M AMARINO	360-32-5577	Last Date Worked: 04/29/94

Reason for Separation:
SEPARATION RESULTED FROM A LACK OF WORK, THIS INCLUDES WORKING PART-TIME

I. EXPLANATION AND INSTRUCTIONS FOR EMPLOYERS

You have received this form because the individual shown above has filed a claim for unemployment insurance benefits and has listed you as his/her most recent employer prior to filing this claim. **No reply is required if the claimant was laid off due to lack of work and no other eligibility issue has been identified.** For detailed information on employer responsibilities in the unemployment insurance program, our DE 44, California Employer's Guide, is available upon request.

II. REPORTING FACTS - Respond in writing by completing Sections A, B, C on the reverse of this form.

The law requires an employer to submit any facts in his/her possession which may affect a claimant's eligibility for benefits. Furnish information if this claimant:

- Voluntarily quit
- Was discharged or fired for reasons other than lack of work.
- Left work because of a trade dispute.
- Is receiving a pension based on his/her prior work.
- Is working on a full-time basis, or has earnings payable over $25.99, covering any time on or after the effective date of this claim as shown on the reverse side of this form.
- Is not able to work, available for, or seeking work.
- Has refused employment.
- Is not legally entitled to work in the U.S.
- Performed services as a sports or athletic participant and has reasonable assurance of performing such services in the next season.
- Made false statements or withheld material information in filing for benefits.
- If you are a school employer, also furnish information if the claimant has a contract for or reasonable assurance of returning to work.

Important:, Make your response as complete as possible; these facts will be used in determining the claimant's eligibility.

A Department representative may contact you for further eligibility information before the 10 day reply date.

III. TIME LIMITS FOR REPLYING

Submit facts in writing to the field office shown at the top of this form within 10 days of the mail date shown above. If your mailing is late, explain your reasons for delay as the time limit may be extended only for good cause. You may reply on this form in the space provided in Section IV, on additional sheets as needed, or by separate letter. **Always** include your **State Employer Account Number** and include the claimant's Social Security Number as it appears on the claim and in your payroll records.

If you submit facts in a timely manner, a determination will be issued concerning the claimant's eligibility. In addition, if facts are submitted regarding a quit or discharge, a ruling will be issued advising an employer with a reserve account as to whether his/her account will be subject to changes resulting from benefits paid. To obtain a ruling on any prior quit or discharge involving this claimant, you must furnish facts within 10 days of the mail date shown above.

EXCEPTION: You will NOT receive a determination and/or ruling in response to your submission of eligibility information if the claimant does not certify for a compensable week in the benefit year of this claim. There can be no charges to your account if no benefits are claimed. The determination and/or ruling is deferred until such time as benefits are claimed. If you receive notice (DE 1101C, DE 1101C/Z/, or DE 1545) that a later benefit year has been established, you must resubmit any facts you now furnish to be entitled to a determination and/or ruling based on such facts.

ADDITIONAL INFORMATION ON EMPLOYER RESPONSIBILITIES IS SHOWN ON THE REVERSE
Mail your response to the EDD office shown in the above upper left-hand corner.

(OVER)

FACSIMILE TRANSMISSION COVER

DATE: May 24

****

TO: Tracy Snodgrass

COMPANY: EA - Accounting

FAX:

TEL:

FROM: WING COMMANDER III - PAM AUER

FAX: ~~310-457-6941~~ 818 994-6656

TEL: 310-457-6941

COMMENTS:

Number of pages including this cover sheet: 4

I'm Fed Exing Petty cash today!

****

ACORD.

ISSUE DATE (MM/DD/YY) 4/25/94

PRODUCER
JOHNSON & HIGGINS
1740 TECHNOLOGY DRIVE, # 690
SAN JOSE, CA. 95110

(408) 453-7422

INSURED
ELECTRONIC ARTS, INC.
ATT BRYAN NEIDER
1450 FASHION ISLAND BLVD.
SAN MATEO, CA 94404-2064

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A: FEDERAL INS CO
COMPANY LETTER B: FIREMAN'S FUND INS CO
COMPANY LETTER C:
COMPANY LETTER D:
COMPANY LETTER E:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE [X] OCCUR. OWNER'S & CONTRACTOR'S PROT.	35323522	7/01/93	7/01/94	GENERAL AGGREGATE	$ 2,000,000
					PRODUCTS-COMP/OP AGG.	$ 1,000,000
					PERSONAL & ADV. INJURY	$ 1,000,000
					EACH OCCURRENCE	$ 1,000,000
					FIRE DAMAGE (Any one fire)	$ 1,000,000
					MED.EXPENSE (Any one person)	$ 10,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	$
					AGGREGATE	$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE-EACH EMPLOYEE	$
B	OTHER Props, Sets, Wardrobe, Misc. Equipment	MPT7101469	9/14/93	9/14/94	$1,000,000 Risks of Direct Physical Loss; $5,000 ded.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS
Certificate Holder is Loss Payee as respects rented de-fueling station valued at $5000 for use in film production. Certificate Holder is Additional Insured for Lessor of Leased Equipment per Form #40-02-2056.

Aircraft Service International
Burbank Airport
2761 Hollywood Way
Burbank CA 91505

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Kate Loewen

(# TO DAYS NON-PAYMENT)

HOLDER COPY

CERTIFICATE NO. 006001-00083

CHECK REQUEST

PAYEE: Hayenhurst Studios

ADDRESS: 7021 Hayenhurst Van Nuys -

TELEPHONE #: (____) _____ - _____

$ AMOUNT: 50,000

TODAY'S DATE: _____

CHARGE DEPT. #: _____

G/L ACCOUNT #: _____ - _____

PROJECT #: _____ - _____

TAX PAYER I.D. #: _____

DESCRIPTION: See stage Bill to date for Studio Phones, Office, Lights, Grip etc. - See E-mail re payment in full at wrap.

PREPARED BY: _____

APPROVED BY: Pam Auter

INCLUDE IN WEEKLY CHECK RUN: ~~___~~ or DATE & TIME NEEDED BY: May 30 (11:00 AM / 3:30 PM)

RETURN CHECK TO: Studio - EXT. #: _____

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: _____ VOUCHER #: _____ VENDOR #: _____

INVOICE #: _____ REFERENCE: _____

INVOICE DATE: ____ - ____ - ____ TYPE: __P__/__O__/__M__ GROSS AMT.: _____

G/L ACCT. #: _____ - _____ - _____ $ AMT.: _____.____ PROJ. #: _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

_____ - _____ - _____ _____.____ _____

PREPARED BY: _____ APPROVED BY A/P SUPERVISOR: _____

ELECTRONIC ARTS PRODUCTIONS, INC.
1450 FASHION ISLAND BOULEVARD
SAN MATEO, CA 94404

FIRST INTERSTATE BANK OF CALIFORNIA NO. 684
177 PARK CENTER PLAZA
P.O. BOX 1268
SAN JOSE, CA 95108-1268

1134
16-21/1220

5/26 19 94

PAY TO THE ORDER OF Star Waggon's

$ 550.00

Five Hundred Fifty + 00/100 DOLLARS

TWO SIGNATURES REQUIRED FOR CHECKS OVER $10,000.00

FOR 2 hole trailer rental

⑈00001134⑈ ⑆122000218⑆684205327⑈ 11

CHECK-OUT

CHECK-IN

STAR WAGGONS

15575 ROXFORD ST.
SYLMAR, CA 91342
(818) 367-5946

Rentor, ELECTRONIC ARTS

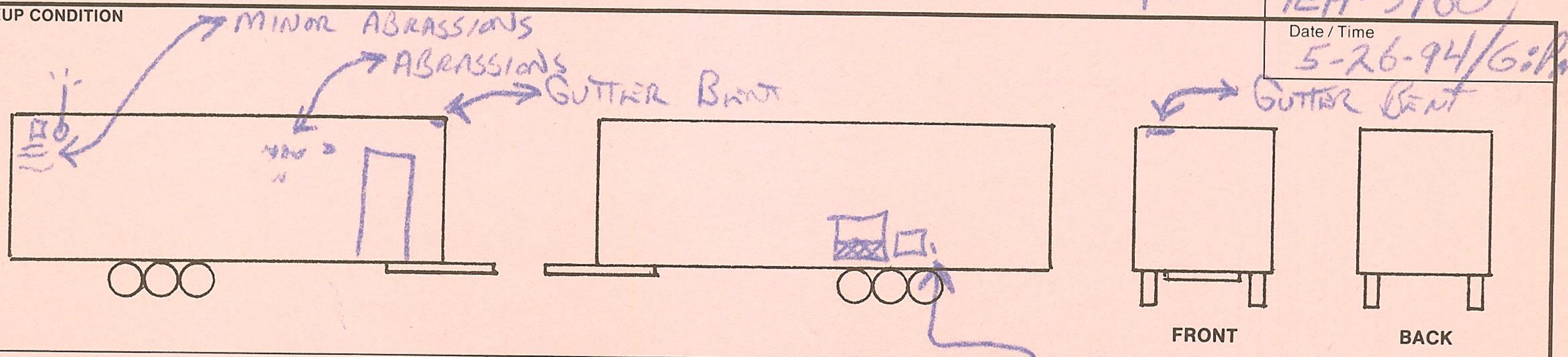
Show, WING COMMANDER III

Vehicle No. 2R-40

License No. IEH-3960

Date / Time 5-26-94/6:PM

PICKUP CONDITION

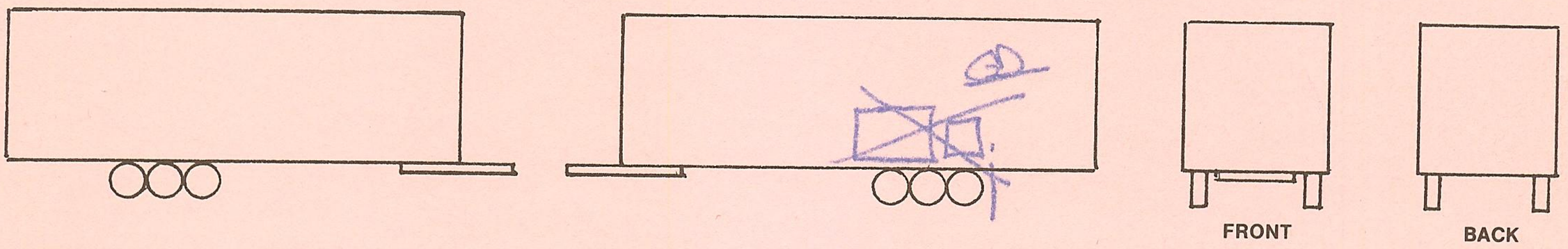


Driver's Signature: J. M'L

Inspector's Signature: GORDON

RETURN CONDITION

Date / Time



Driver's Signature

Inspector's Signature

CHECK-OUT

ACCESSORIES

TV 2 REMOTE 4
VCR 2
STEREO 2
MICROWAVE 2
VACUUM 1
MAKE-UP STOOL 2
FIRE EXIG 2
JACKS 2 .. HANDLE 4
SPARE 1 ... COVER ___
KEYS 1

CONDITION

UPHOLSTRY EXCELLENT (BRANDNEW) CONDITION
FLOOR COVER
COUNTER TOP
WINDOW COVER

COMMENTS: 2 REFRIG. (1 EA. RM)

GENERATOR HOURS: 536

CHECK-IN

ACCESSORIES

TV ___ REMOTE ..... ___
VCR ..... ___
STEREO ..... ___
MICROWAVE ..... ___
VACUUM ..... ___
MAKE-UP STOOL ..... ___
FIRE EXIG ..... ___
JACKS ___ .. HANDLE ___
SPARE ___ ... COVER ___
KEYS ..... ___

ACCESSORIES CHECKED BY .. _____

CONDITION CHECKED BY .. _____

CONDITION

UPHOLSTRY
FLOOR COVER
COUNTER TOP
WINDOW COVER

COMMENTS:

EQUIPMENT LEASE AGREEMENT BETWEEN

STAR WAGGONS

and, ELECTRONIC ARTS (Lessee)

Show title WING COMMANDER III

Unit # 2R-40 Description TWO ROOM DRESSING TRAILER Lic. # 1EH-3960

Pick-up day 5-26-94 Start day 5-29-94

Rate per day $ 200.00 Total deposit $ _____

1. **HOLD HARMLESS** Lessee agrees to assume any and all risks arising out of the use and/or possession, and/or operation of the leased equipment and to indemnify Star Waggons and hold Star Waggons harmless for any and all claims by lessee, its agents, employees, guests or any other person or entity.

2. **DOWN TIME** Star Waggons will not be liable for any loss or damage resulting from mechanical breakdown or other down time. In the event that service or repair costs incurred by the Lessee are later determined to be chargeable to Star Waggons, such costs will be reimbursed at Star Waggons' schedule of repair charges or the actual amount paid whichever is less.

3. **INSPECTION** Lessee has inspected the unit as described above and has found it to be in good repair, clean inside and out, with full fuel tank, full propane tank, full water tank and empty waste holding tanks.

The lessee acknowledges that the equipment is in good repair, free of any damage and not in need of any maintenance, or service. Any discrepancy is duly noted on the "Vehicle Check-Out Sheet", and signed by representatives of both Star Waggons and lessee.

4. **LEASE PERIOD** This lease is for a period of time beginning with the start day, as entered above, and ending at 12:00 noon on the day of return. Units returned after the 12:00 noon deadline will be charged for an additional day.

5. **CHARGEABLE DAYS** Lessee agrees to pay rent to Star Waggons at the rate shown above. The number of chargeable days is determined by counting each and every calendar day including holidays, from start day, as entered above, to and including the day of actual return of the unit to Star Waggons after 12:00 noon. If the lessee does not intend to use the unit on certain days, those days may be excluded through special agreement with Star Waggons before those days occur.

6. **PAYMENT** Payment is due upon receipt of the invoice. A 1% per month "Late Charge" will be assessed after 30 days.

7. **CLEANING** Lessee promises to pay Star Waggons for interior and exterior cleaning at the current posted Star Waggons labor rate. These charges may be waived by Star Waggons, at its discretion, if the unit is clean when returned. Star Waggon's dumping facilities are available for the lessee at no charge. There will be a $20 charge if Star Waggons dumps the unit.

8. **TRAFFIC VIOLATIONS** Lessee promises that the unit will not be used for any illegal purpose and agrees to reimburse Star Waggons for any traffic or parking violations charged to the leased Unit as a result of any citation issued during the period of this lease.

9. **DRIVER** Lessee agrees to employ only properly licensed, experienced, and competent personnel to operate and care for the leased unit.

Star Waggons does not employ drivers. If the leased unit requires a driver for delivery, pick-up or to stay with the unit, that driver is an employee of the lessee. That status is unaffected by the method of payment to the driver be it directly by the lessee or if lessee is billed by Star Waggons.

10. **RETURN** Lessee agrees to return the leased equipment to Star Waggons rental office and be bound by all terms and conditions of this Lease Agreement until a "Check-in sheet" signed by both a Star Waggons agent and Lessee is obtained. Lessee agrees that the leased equipment will be returned in the same condition as received. The Lessee will reimburse Star Waggons for any repair charges for damages caused by the Lessee during the lease period at the posted Star Waggons labor rate. Sub-contracted damage repair bills will be passed on to the Lessee. Lessee expressly promises not to abandon the leased unit under any circumstances whatsoever.

11. **INSURANCE** Star Waggons does not provide insurance. Lessee agrees to provide Star Waggons with a certificate of insurance, which includes the pick-up date as entered above and term of this lease agreement, issued by an insurance carrier licensed to do business in the State of California. Such insurance shall provide a minimum of One Million dollars bodily injury and property damage liability, plus collision and comprehensive insurance covering the leased unit and naming Star Waggons as additional named insured and loss payee.

12. **MAINTENANCE** Lessee agrees to be responsible for reasonable maintenance on the leased unit including proper oil and battery fluid levels, replacement of oil, filters and spark plugs in the generator.

13. **50 MILE RADIUS** When the leased unit is taken outside a 50 mile radius of the Star Waggons rental office, the lessee will be responsible for any and all service charges normally performed by the Star Waggons service staff. The lessee has permission from Star Waggons to take the leased unit across the California state line when indicated by the following signature of an authorized Star Waggon representative:

Signature _____

14. **COURT COSTS** Lessee promises to reimburse Star Waggons for all costs or collection including court costs and attorneys fees incurred as a result of the Lessee's breach of any of the within covenants.

15. **TERMINATION** Lessee agrees that Star Waggons has the right to terminate this lease and reenter and repossess the leased equipment at any time Star Waggons deems itself insecure or, if the lessee breaches any of the within covenants.

I declare under penalty of perjury, under the laws of the State of California, that I am an employee or representative of the above lessee. I have been authorized by said Employer/Principal to execute this lease. I have read and understand the foregoing Lease and agree to bind my Employer/Principal to the terms and conditions therein.

SIGNATURE J. McL PRINT JOHN McLEAN

CHECK REQUEST

PAYEE: Dolores Albrain

ADDRESS: 7021 Hayvenhurst
Van Nuys, Calif 91406

TELEPHONE #: (818) 994-6656

$ AMOUNT: 146.68

TODAY'S DATE: May 24

CHARGE DEPT. #: Origin

G/L ACCOUNT #: ____ - ____

PROJECT #: ____ - ____

TAX PAYER I.D. #: ____

DESCRIPTION: telephone / gas / electric for
Chris & Roberts' House in L.A.

PREPARED BY: ____

APPROVED BY: Pam Auer

INCLUDE IN WEEKLY CHECK RUN: X or DATE & TIME NEEDED BY: ____/____ 11:00 AM 3:30 PM

RETURN CHECK TO: ____ EXT. #: ____

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: ____ VOUCHER #: ____ VENDOR #: ____

INVOICE #: ____ REFERENCE: ____

INVOICE DATE: ____ - ____ - ____ TYPE: __P__/__O__/__M__ GROSS AMT.: ____

G/L ACCT. #: ____ - ____ - ____ $ AMT.: ____.____ PROJ. #: ____

____ - ____ - ____ ____.____ ____

____ - ____ - ____ ____.____ ____

____ - ____ - ____ ____.____ ____

PREPARED BY: ____ APPROVED BY A/P SUPERVISOR: ____

PACIFIC BELL
A Pacific Telesis Company

Residence Service Flat Rate
Account Number
818 786-5646 844 S 5066

Statement Date
May 14, 1994

GLADYS MORSE
15621 VANOWEN
VAN NUYS CA
91406

Page 1

Previous Charges	Amount of last bill			13.81
	Payment(s). Thank you. 5/03			13.81CR
	Balance			.00
Current Charges	Pacific Bell	Page	2	20.84
	AT&T	Page	4	57.97
				78.81
Total Due	**Due by Jun 14, 1994**			**$78.81**

LATE CHARGE REMINDER. A late charge may apply on Jun 16 if your payment has not been received. Your bill, however, must still be paid before the DUE BY date to avoid any other penalties (See Reverse)

Whom to Call

Pacific Bell - payment arrangements and billing questions:	*800-498-8899*
Pacific Bell - adding, changing or disconnecting service:	*800-498-2355*
Pay-By-Phone - To make a payment or apply for this service, call:	*800-794-9794*
Centro Hispano de Pacific Bell, llame gratis:	*800-870-5855*

FOR QUESTIONS ABOUT THE CHARGES OF OTHER COMPANIES, PLEASE REFER TO THE TOP OF EACH COMPANY'S PAGE.

STARTING IN JUNE...LOOK AT BOTH SIDES OF YOUR BILL

Soon you'll notice something different about your Pacific Bell bill--the information about your account will be printed on BOTH the front and the back of your bill pages. We are doing this not only to help save trees, but to also make our billing operations more efficient.

Our new "double-sided" Pacific Bell bill is coming in June...watch for it

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account Number	Statement Date	Payment Due	Total Due
818 786 5646 844 066 S 5	May 14, 1994	Jun 14, 1994	$78.81

Enter Amount Paid > > >
Make Check Payable to Pacific Bell.

$ ☐☐.☐☐

VN/FF 1 OZ. **CR32

GLADYS MORSE
15621 VANOWEN
VAN NUYS CA 91406

PACIFIC BELL
PAYMENT CENTER
VAN NUYS CA 91388

107 7865646 844 818 066

00 180 89065 7881

Total Due for, Gas-Water & Power - Phone $146.68

Los Angeles Department Of Water and Power
P.O. Box 10210, Van Nuys, CA 91410-0210

GLADYS P MORSE
15621 VANOWEN ST

PIN 4974

ACCT# 3-11-87178-15621-00-0000-0-01

BILL ISSUE DATE 05/18/94
AMOUNT OF PREVIOUS BILL $ 59.58
PAYMENTS SINCE 03/22/94 $ 59.58-

ELECTRIC LIFELINE RATE R1E	**SERVICE DATES 03/18/94 TO 05/16/94**	
ELECTRIC SERVICE USED		$ 61.44
LIFELINE DISCOUNT		28.22-
METER 02-ELECTRIC TOTAL $	**33.22**	
WATER LIFELINE RATE A	**SERVICE DATES 03/18/94 TO 05/16/94**	
2 INCH SERVICE		$ 17.67
LIFELINE DISCOUNT		17.67-
METER 01-WATER TOTAL $	**0.00**	

SEWER SERVICE CHARGE ADJUSTED TO 100% OF FULL RATE

CHARGES IMPOSED BY NON-DWP AGENCIES	
STATE ENERGY SURCHARGE	$ 0.12
SEWER SERVICE CHARGE	13.56
LOW INCOME SEWER DISCOUNT	2.03-

PLEASE PAY THIS AMOUNT NOW DUE ▶ $ 44.87

METER USAGE INFORMATION

METER	TYPE	METER NUMBER	READS CURRENT	PREVIOUS	CONSTANT	USAGE
02	E	9-578653	24284	23672	1	612
01	W	39414974	1292	1282	1	10

METER	DAYS THIS YR	DAYS LAST YR	USAGE THIS YR	USAGE LAST YR	DAILY AVERAGE THIS YR	DAILY AVERAGE LAST YR
02	59	59	612	484	10	8 KWH
01	59	59	10	34	127	431 GAL

WHEN PAYING, MAIL THIS PORTION OR BRING ENTIRE BILL TO OFFICE
WANT TO SAVE ELECTRICITY, THE ENVIRONMENT, AND RECEIVE A $50 SAVINGS BOND?
HAVE DWP PICK UP YOUR SPARE REFRIGERATOR OR FREEZER AT NO COST TO YOU.
TO SCHEDULE AN APPOINTMENT OR FOR MORE INFORMATION, CALL 1-800-234-9722.

PROJECT ANGEL DONATION CIRCLE $2 $5 $10 $_____

PLEASE PAY THIS AMOUNT NOW DUE $ 44.87

INDICATE AMOUNT IF DIFFERENT

GLADYS P MORSE **CR 32
15621 VANOWEN ST
VAN NUYS CA 91406

H

LOS ANGELES DEPARTMENT OF WATER & POWER

3118717815621000000001000000044874

SAVE WATER. IT'S EASIER THAN YOU THINK!

CHECK REQUEST

PAYEE: August Amarino

ADDRESS: 1414 N. Ogden Dr.

L.A., CA 90046

$ AMOUNT: 184.03

TODAY'S DATE: 5-17-94

CHARGE DEPT. #:

G/L ACCOUNT #:

TELEPHONE #: ( ) -

PROJECT #:

TAX PAYER I.D. #:

DESCRIPTION: Telephone Bill

PREPARED BY: Laurel Richter

APPROVED BY:

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: ___/___ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: EXT. #:

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: VOUCHER #: VENDOR #:

INVOICE #: REFERENCE:

INVOICE DATE: ___ - ___ - ___ TYPE: P / O / M GROSS AMT.:

G/L ACCT. #: - - $ AMT.: . PROJ. #:

- - .

- - .

- - .

PREPARED BY: APPROVED BY A/P SUPERVISOR:

4/94

Pam -

Here are the 2 items Ileane wanted you to have. Please mail her check to this address.

1414 N. Ogden Dr.
LA, CA 90046

Thank you - Angie

August M. Amarino
1414 N. Ogden Dr.
Los Angeles, CA
90046

FOF
CA
HE
FOF
BUL

0607155

IDENTIFICATION
AUTHORIZATION NO.
APPROVED BY
NO. & VALUE OF ENC. $

BULLOCK'S

TYPE OF SALE: CHARGE
STORE # / SELLING I.D. / TERM # / TRANS #: 269786 00302 77644
0027 05/04/94 06:26 PM

0607155

$184.03

DELIVERY INSTRUCTIONS

SEND TO

NAME

ADDRESS

CITY
STATE
ZIP CODE

TYPE OF SALE: CHARGE
STORE # / SELLING I.D. / TERM # / TRANS #: 269786 00302 77644
0027 05/04/94 06:26 PM

$184.03

0607155 BULLOCK'S

Your Payment is being handled by Bullock's as a convenience, and is not deemed received or accepted until the creditor's actual receipt.

CHECK REQUEST

PAYEE: Dubs Inc. $ AMOUNT: 45,00

ADDRESS: 1220 N. Highland Ave, TODAY'S DATE: 5-17-94

Hollywood CH 90038 CHARGE DEPT. #:

G/L ACCOUNT #:

TELEPHONE #: (213) 461 - 3726 PROJECT #:

TAX PAYER I.D. #:

DESCRIPTION: Audio

PREPARED BY: Laurel Richter APPROVED BY:

INCLUDE IN WEEKLY CHECK RUN: ___ or DATE & TIME NEEDED BY: ___/___ 11 : 00 AM / 3 : 30 PM

RETURN CHECK TO: EXT. #:

or

MAIL CHECK TO THE ABOVE ADDRESS: ___

FOR ACCOUNTS PAYABLE USE ONLY

BATCH ID #: VOUCHER #: VENDOR #:

INVOICE #: REFERENCE:

INVOICE DATE: ___ - ___ - ___ TYPE: P / O / M GROSS AMT.:

G/L ACCT. #: ___ - ___ - ___ $ AMT.: ___ . ___ PROJ. #: ___

___ - ___ - ___ ___ . ___ ___

___ - ___ - ___ ___ . ___ ___

___ - ___ - ___ ___ . ___ ___

PREPARED BY: APPROVED BY A/P SUPERVISOR:

DUBS
INCORPORATED
1220 N. Highland Ave.
Hollywood, CA 90038
Telephone: (213) 461-3726
Fax: (213) 466-7406
Telex: 183304

INVOICE NO.	967698
CUSTOMER NO.	93085

INVOICE

BILL TO:

ELECTRONIC ARTS
ATTN PAM OR JIM CAPP
7021 HAVENHURST AVENUE
VAN NUYS CA 91406

SHIP TO:

XXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXX

ELECTRONIC ARTS
ATTN PAM OR JIM CAPP
7021 HAVENHURST AVENUE
VAN NUYS CA 91406

DATE	SHIP VIA	F.O.B.	TERMS
4/28/94	CPU		Now Due

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	RESALE NUMBER	OUR ORDER NUMBER
PAM / JIM	4/28/94	99		00833

QUANTITY ORDERED	QUANTITY SHIPPED	ITEM NUMBER / ITEM DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1	DAT AUDIO TRANSFER WITH CLIENT STOCK WING COMMANDER III	45.00	45.00

NON TAXABLE	*TAXABLE	SALES TAX	FREIGHT	INVOICE TOTAL
45.00				45.00

APPLIED CREDIT	TOTAL PAID	BALANCE DUE
		45.00

PERFECT COPY PRODUCTS, INC.

[redacted]
VAN NUYS, CALIFORNIA 91411

REMITTANCE ADDRESS:

5914 KESTER AVENUE
VAN NUYS, CA. 91411
(818) 997-9120

ACCOUNT NO. C-000000

INVOICE NO. 18863

SOLD TO	SHIPPED TO
ELECTRONIC ARTS 28815 Grayfox Malibu, CA 90265	HAYVENHURST STUDIOS 7021 Hayvenhurst Avenue Van Nuys, CA 91406

F.O.B.	VIA CARRIER	TAX-ABLE	RE-SALE	RESALE TAX NUMBER
DESTINATION	OUR TRUCK	X		

E DATE	CUSTOMER P.O. NO.	SALESMAN	CUSTOMER ORDER DATE	TERMS	PPD OR COLL		DATE SHIPPED
r-94	LORI	14534	26-Apr-94	C.O.D.	X		25-Apr-94

CODE	SIZE	ORDERED	SHIPPED	B/O	DESCRIPTION	QUANTITY	PRICE	AMOUNT
	EACH	1	1	0	RENTAL-CANON NP1215 4/25-5/31	1	200.00	200.00
0T	CTG	1	1	0	CANON NP1215/1520/2020 TONER	1	25.01	25.01
					PAID CHECK # 510 4/25/94			

Paid - Invoice Pd

See Invoice # 18880

REBY CERTIFY THAT THESE GOODS WERE PRODUCED IN ACCORDANCE WITH FAIR LABOR STANDARDS ACT OF 1938, AS ED. IT IS AGREED THAT THE TITLE TO THE ABOVE MERCHANDISE REMAIN WITH SELLER UNTIL PURCHASE PRICE IS FULL.

MER AGREES TO PAY ALL COURT COST AND ATTORNEY FEES FOR THE OBLIGATION HEREIN IN THE EVENT LITIGATION S FOR COLLECTION OF SAME. ACCEPTANCE OF BILL LADING ACKNOWLEDGES THIS OBLIGATION.

SE F FROM INVOICE. NO STATEMENT WILL BE SENT UNLESS REQUESTED.

SE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

E PAYMENT PENALTY SERVICE CHARGE OF 1.5% PER MONTH 18.0% PER ANNUM WILL BE ON ALL NT BALANCES NOT PAID WITHIN 30 DAYS OF THE INVOICE DATE.

MERCHANDISE TOTAL	225.01
Taxable Sales	305.01
SALES TAX 8.25%	25.16
	0.00
Ship/Handling	80.00
PLEASE PAY THIS AMOUNT	330.17

LL US ABOUT THE NEW
NON NP COMPACT COPIER LINE.

ORIGINAL INVOICE

Eastern
COSTUME

7945 Lankershim Blvd.
North Hollywood, California 91605
Office: (818) 982-3611 • Fax: (818) 982-1905
Fed ID# 95-4344579

PAGE NO.	INVOICE DATE	CUSTOMER NO.
1	05/12/94	00-051210(
INVOICE NO.		00C2202-IN

SOLD TO

ELECTRONIC PROD/WING COMMANDER
7021 HAVENHURST AVE.
VAN NUYS CA 91406

SHIP TO

DATE SHIPPED	PURCHASE ORDER NO.	DATE REQUESTED	SHIP VIA	F.O.B.

TITLE	PROD. NO.	TERMS	SALESPERSON	TERR.	STATE
		NET			CA

ITEM NO.	DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	TAX	UNIT PRICE	EXTENDED AMOUNT
R	Rental per sheet # C 4959			N		275.00
F	Freight per sheet C 4959			N		85.00
L	Labor per sheet # C 4959	1.000		N	50.00	50.00
R	Rental per sheet # C 5024			N		70.00
R	Rental per sheet # C 5029			N		954.50
R	Rental per sheet # C 5050			N		366.00
P	Purchases per sheet C 5066	1.000		Y	10.49	10.49
R	Rental per sheet # C 5085			N		318.00
F	Freight per sheet C 5085			N		39.25
R	Rental per sheet # C 5090			N		60.00
L	Labor per sheet # C 5090	1.000		N	20.00	20.00
R	Rental per sheet # C 5102			N		70.00
F	Freight per sheet # C 5102			N		26.98
L	Labor per sheet # C 5102	1.000		N	20.00	20.00
R	Rental per sheet # C 4149			N		15.00

TOTAL TAXABLE:	10.49
NON-TAXABLE:	2,369.73
NET INVOICE:	2,380.22
SALES TAX:	.87
PLEASE REMIT THIS AMOUNT	2,381.09

1½% PER MONTH SERVICE CHARGE
18% ANNUALLY, CHARGED ON ALL
PAST DUE ACCOUNTS OVER 30 DAYS.

ORIGINAL

CUSTOMER COPY

THIS IS A CONTRACT

THE WORDS RENTER, BUYER, YOU AND YOUR MEANS THE PERSON WHO SIGNS THIS CONTRACT (OR ARE OBLIGATED UNDER ITS TERMS). WE, OUR AND DEALER REFER TO THE BUSINESS NAMED AT RIGHT.

MODERN PROPS

4063 REDWOOD AVE.
LOS ANGELES, CA 90066
PHONE (310) 306-1400
FAX (310) 822-5992

PAYMENT TERMS:

- ☐ NET 30 DAYS From 'Billed Date'
- ☐ NET DUE Upon Receipt of Invoice
- ☐ PREPAID - No Action Necessary

CONTEMPORARY, FUTURISTIC, ELECTRONIC, PROP RENTAL

WE WILL BE CLOSED FOR MEMORIAL DAY, MONDAY MAY 30, 1994
OUR BUSINESS HOURS ARE 8:00 TO 5:00 MONDAY THROUGH FRIDAY
IF YOU HAVE ANY QUESTIONS PLEASE CALL US AT 310-306-1400.

CUSTOMER ID: SEC310 — RENTAL CONTRACT — CONTRACT NUMBER: 01-01341-PP1

05/13/94

ELECTRONIC ARTS PROD.,INC.
1450 FASHION ISLAND BLVD.
SAN MATEO,CA 94404

ELECTRONIC ARTS PROD.,INC.
1450 FASHION ISLAND BLVD.
SAN MATEO,CA 94404

415 513-7247

P/O NUMBER: W9810
ORDERED BY:CHERIE BAKER
SHOW NAME:WING COMMANDER 3
UNIT NAME:2ND UNIT

RO/PO#:W9810
SHOW #:
PAGER:213 935 6653

OUT: FRI 05/13/94 09:50
DUE: FRI 05/20/94 09:50

ITEM NO.	QTY	DESCRIPTION	RATE INFO	UNIT	EXTENDED
100-0550	1	EJECTOR SEAT:SLVR,HT SACK MP FR BIN: VLU #1600		110.00	110.00

RECEIPTS SUMMARY

DATE	REF/PO	AMOUNT
05/13/94-30	W9810	
05/13/94-01		

SUMMARY

FURNITURE	110.00
CA SLS TAX	8.08
TOTAL	118.08

The undersigned renter, specifically acknowledge that I have received and understand the instructions regarding safe use and operation of the rented equipment.

Renter further acknowledges that he has read and fully understands the within equipment rental contract and agrees to be bound by all of the terms, conditions and provisions hereof. Renter acknowledges that he has received a true and correct copy of this agreement at the time of execution hereof.

By signing I acknowledge that I have read, understand and accept all of the terms and conditions set forth on the reverse side hereof, that I have the authority on behalf of the renter named above to sign this rental agreement, and that the prop or props listed above are in good working order and condition.

RETURN EQUIPMENT BY:

X _____
SIGNATURE

THIS IS YOUR CONTRACT, READ BOTH SIDES BEFORE SIGNING

VIDEOTAPE PRODUCTS INC

3 North Madison Avenue • Los Angeles, California 90004

213 • 664-1144 FAX: 213 • 661-2177

SALES ORDER

DATE	NUMBER	PAGE
05/16/94	597157	1

ANY EXCEPTION MUST BE REPORTED WITHIN 5 DAYS

SOLD TO • EL3000
ELECTRONIC ARTS
• 2430 FASHION ISLAND

SAN MATEO CA 94464

SHIP TO • EL3000
ELECTRONIC ARTS
2430 FASHION ISLAND

SAN MATEO CA 94464

CUSTOMER P.O. NUMBER WN813

E REQUESTED	CANCEL DATE	SHIP VIA	F.O.B.	TERMS	SLSM
16/94		WILL CALL -VTP	NO CHARGE FREIGHT	NET 30 DAYS	VTP

NE	ORDERED	✓	SHIPPED	ITEM NO.	DESCRIPTION
	40		40	FJ-321-60M	BETACAM 60 MIN METAL
	40		40	FJ-T60SHG	FUJI CONSUMER T60A/V PRO

W/F BILL 8978
EV-5-23-70

RESTOCKING FEE OF 20% WILL BE CHARGED ON RETURNED MERCHANDISE

LA COUNTY TAX

TOTAL

STD ZTV LTX CMI

CIAL INSTRUCTIONS

PICKED BY

DATE SHIPPED 5/6-14

CARRIER

PACKED BY

NO. CARTONS

WEIGHT

CHARGES

IATURE

NAME (PRINT)

DATE

CREDIT VERIFICATION			
H	L	P	RELEASE OK

Seller has retained a security interest in the above-described merchandise, title to which does not pass until paid for in full. In the event of failure to pay any amount due on this invoice, Customer agrees to pay all costs, including reasonable attorneys' fees and court costs, incurred and/or expended in collecting said amount.

Interest will be charged on all past due amounts at the rate of ten percent (10%) per annum

PACKING SLIP

***RETURNED CHECKS SUBJECT TO A $20.00 SERVICE CHARGE**

***NO RETURNS WITHOUT PRIOR APPROVAL IN WRITING BY VIDEOTAPE PRODUCTS, INC**

PLEASE DETACH AND RETURN THIS STUB WITH YOUR REMITTANCE TO:

ACCOUNT No.	INVOICE No.	PERIOD END.
DECOPR	060094	3 Apr 94

OVERDUE	CURRENT	BALANCE DUE
0.00	38.75	38.75

P.O. BOX 399 LA MIRADA,, CA. 90637
Fed ID: 91-0637335

DECO PRODUCTIONS
28815 GRAYFOX AV
ATTN: PAM AUER
MALIBU CA 90265

ACCOUNT No.	INVOICE No.
DECOPR	061433
PERIOD END	PAGE NO.
10 Apr 94	1

DATE	CONTROL NO.	AUTH BY TIME CALLED	FROM/TO	CUST. REF.	SV TY	CHARGES	TOTAL CHARG
			Opening Balance				38.75
4 Apr	4395	DONNA 01:54 pm	DONNA BURKONS P/R PARAMOUNT STUDIOS 6425 PEACH AVE VAN N 5555 MELROSE A LA38		REG	BASE $ 21.25	21.25
			TOTAL INVOICE				21.25

OK Pam Auer

THERE WILL BE A 1.5% MONTHLY FINANCE CHARGE ON OPEN BALANCES OVER 30 DAYS.
STATE REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS

OVERDUE	CURRENT	BALANCE DUE
38.75	21.25	60.00

PLEASE DETACH AND RETURN THIS STUB WITH YOUR REMITTANCE TO:

ACCOUNT No.	INVOICE No.	PERIOD END.
DECOPR	061433	10 Apr 94

OVERDUE	CURRENT	BALANCE DUE
38.75	21.25	60.00

P.O. BOX 399 LA MIRADA,, CA. 90637
Fed ID: 91-0637335

INVOICE/STATEMENT

P.O. BOX 399 LA MIRADA,, CA. 90637 Ph: 714 994-1615 Fax: 714 994-3903 Fed ID: 91-0637335

DECO PRODUCTIONS
28815 GRAYFOX AV
ATTN: PAM AUER
MALIBU CA 90265

ACCOUNT No.	INVOICE No.
DECOPR	059243
PERIOD END	PAGE NO.
27 Mar 94	1

DATE	CONTROL NO.	AUTH BY TIME CALLED	FROM/TO	CUST. REF.	SV TY	CHARGES	TOTAL CHARG
			Opening Balance				109.15
			TOTAL INVOICE				0.00

OK, Pam Auer

THERE WILL BE A **1.5%** MONTHLY **FINANCE CHARGE** ON OPEN BALANCES OVER 30 DAYS.
STATE REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS

OVERDUE	CURRENT	BALANCE DUE
0.00	109.15	109.15

DETACH AND RETURN THIS STUB WITH YOUR REMITTANCE TO:

ACCOUNT No.	INVOICE No.	PERIOD END.
DECOPR	059243	27 Mar 94

OVERDUE	CURRENT	BALANCE DUE
0.00	109.15	109.15

P.O. BOX 399 LA MIRADA,, CA. 90637
Fed ID: 91-0637335

BILL MYER
10812 Bothwell Road
Chastworth, CA 91311
(818) 831-7700

Date 5-11-94

Invoice No. WC3102

To: ATT: PAM AUER
ELECTRONIC ARTS
1450 FASHION ISLAND DR.
SAN MATEO, CA 94464 TEL. 415.513.7342

FOR SERVICES RENDERED:		
SPECIAL MAKEUP EFFECTS CONSULTING		
WING COMMANDER III		
(4) FOUR SHOOTING DAYS		
SPECIAL RATE THROUGH 5-11-94	$1562	00
TOTAL AMOUNT DUE ON RECEIPT	$1562	00

Thankyo
Bill Mo

SS #192-52-7696 FED. I.D. #95-4130299

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 5/10/94

PRODUCER
JOHNSON & HIGGINS
[illegible] TECHNOLOGY DRIVE, # 690
SAN JOSE, CA. 95110

(408) 453-2422

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
ELECTRONIC ARTS, INC.
ATT BRYAN NEIDER
1450 FASHION ISLAND BLVD.
SAN MATEO, CA 94404-2064

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A — FIREMAN'S FUND INS CO
COMPANY LETTER B
COMPANY LETTER C
COMPANY LETTER D
COMPANY LETTER E

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR. ☐ OWNER'S & CONTRACTOR'S PROT. ☐ _____				GENERAL AGGREGATE	$
					PRODUCTS-COMP/OP AGG.	$
					PERSONAL & ADV. INJURY	$
					EACH OCCURRENCE	$
					FIRE DAMAGE (Any one fire)	$
					MED.EXPENSE(Any one person)	$
	TOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ GARAGE LIABILITY				COMBINED SINGLE LIMIT	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	$
					AGGREGATE	$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				☐ STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE-EACH EMPLOYEE	$
A	OTHER Props, Sets, Wardrobe, Misc. Equipment	MPT7101469	9/14/93	9/14/94	$1,000,000 Risks of Direct Physical Loss; $5,000 ded.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS
Paramount Pictures is added as loss payee as respects $5,000 props.

CERTIFICATE HOLDER

Paramount Pictures
Property Rentals
7021 Hayvenhurst Avenue
Van Nuys CA 91406

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE Kathy Smith

© ACORD CORPORATION 1990

STUDIO FILM & TAPE (L.A.), Inc.
6674 SANTA MONICA BLVD.
HOLLYWOOD, CA 90038
(213) 466-8101

PO#3615

INVOICE

INVOICE DATE	INVOICE NO.	PAGE
04/27/94	77899	1

SOLD TO
ELECTRONIC ARTS
ATT; PAM/LAURIE
28815 GRAYFOX
MALIBU, CA 90265

SHIP TO
ELECTRONIC ARTS
ATT; PAM/LAURIE
28815 GRAYFOX
MALIBU, CA 90265

ORDER NO.	ORDER DATE	CUSTOMER NO.	SALES PERSON	PURCHASE ORDER NO.	SHIP VIA	SHIP DATE	TERMS
84130	04/20/94	ELECAR	99	LAURIE	Customer pickup	ASAP	2%-10days/net20

ITEM NO. / QUANTITY ORDERED	ITEM DESCRIPTION / QUANTITY SHIPPED	STK UNIT	UNIT PRICE	PR. UNIT	DISCOUNT	EXTENDED PRICE
FB60SP 45	FUJI,BETACAM SP-60. <NEW.M-321 1/2" VIDEOTAPE. 45	EACH	33.50	EACH		1,507.50
FT60NC 40	FUJI,T-60HQ. <NEW 1/2" VHS VIDEOTAPE. 40	EACH	2.75	EACH		110.00

NOTICE: PLEASE READ THE LIABILITY PROVISIONS & TERMS AND CONDITIONS OF SALE PRINTED ON THE REVERSE SIDE.

TO INSURE PROPER CREDIT TO YOUR ACCOUNT BE SURE TO INCLUDE ON YOUR CHECK:
(1) THE NAME OF THE COMPANY BILLED ON OUR INVOICE
(2) THE INVOICE NUMBER(S).

MUST HAVE READY FOR PICKUP
WEDNESDAY, 8 AM, 4/27.
HILA, EXT. 890.

MUST BE READY!!!! THANKS.

CUSTOMER COPY

SALES AMOUNT	1,617.50
MISC. CHARGES	.00
FREIGHT	.00
SALES TAX	133.44
TOTAL	1,750.94
PAYMENT REC'D	.00
BALANCE DUE	1,750.94

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Wing Commander III

Title/Position: 2ND UNIT Key Grip

Employee Name: Jeffrey Murrell

Social Security #: 079-60-5412

Telephone: 818-788-7513

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5-9-94	375/12	12.5	0	375.00
Tues	5-10-94	375/12	12.5	0	375.00
Weds	5-10-94	375/12	14.5	2.0	468.75
Thurs					
Fri					
Sat					
				TOTAL:	1218.75

Gross Pay: 1218.75

Employee: Jeffrey a Murrell

Approved: Tom Brown

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Wing Commander IV

Title/Position: BOOM OPERATOR

Employee Name: JONATHAN FUH

Social Security #: 464-51-2406

Telephone: (818) 781-2765

831-2660

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/9	250 OT/10	7.0 - 19.9	1½ x 2 2 x 0.4	
Tues	5/10		7.0 - 20.4	1½ x 2 2 x 0.9	
Weds					
Thurs					
Fri					
Sat					
				TOTAL:	702.50

250 90

250 1125.00

500 202.50

Gross Pay: $ 702.50

Employee: Jonathan M

Approved: Jamy Queen

37.50 OT

SOCIAL SECURITY

464-51-2406

THIS NUMBER HAS BEEN ESTABLISHED FOR

LEE GER FUH

Lee-Ger Fuh

SIGNATURE

DMV CALIFORNIA

EXPIRES ON BIRTHDAY

DRIVER LICENSE
A1017567 CLASS C
EXPIRES:07-18-94

JONATHAN LEE-GER FUH
5003 WESTPARK DR APT 103
N HOLLYWOOD CA 91601

SEX:M HAIR:BLK EYES:BRN
HT:5-08 WT:136 DOB:07-18-55

X

06-24-90 674 A3/ FD/94
DO NOT LAMINATE

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: NEW W4

9 deductions!

Job Name: WING COM 3

Title/Position: SCRIPT SUPERVISOR

Employee Name: KATE LEWIS

Social Security #: 575-60-9261

Telephone: 310 452-9044

	DATE	RATE	HOURS		O/T	TOTAL
Sun						
Mon	5/9	400/10	700-2030	13.0	3.0 @$60 = 180	580
Tues	5/10	400/10	700-2100	13.5	3.5 = 210	610
Weds	5/11	400/10	730-2330	15.5	5.5 = 330	730
Thurs	5/5	400/10	800-2300	14.5	4.5 = 270	670
Fri	5/6	400/10	930-2300	13.0	3.0 = 180	580
Sat		2,000.00			1,170	
					TOTAL:	3,170

Gross Pay: $3,170.00

Employee: Kate Lew

Approved: Pam Lewis

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Production Sound Mixer

Employee Name: Walter B. Martin Jr.

Social Security #: 570-60-7999

Telephone #: 818-843-1857

	DATE	Time In/Out		HOURS (1x)	O/T (1.5x)	TOTAL
Thurs	5/5	8.0	22.2	10.0	3.7	15.5
Fri	5/6	9.5	22.7	10.0	2.7	14.0
Sat				0.0	0.0	0.0
Sun				0.0	0.0	0.0
Mon	5/9	7.0	19.9	10.0	2.4	13.6
Tues	5/10	7.0	20.5	10.0	3.0	14.5
Weds	5/11	7.0	22.9	10.0	5.4	18.1
					TOTAL:	75.8

Rate: $400.00/10 hours

Gross Pay: $3,032.00

Employee: Walter B. Martin Jr.

Approved: Pam Queen

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____ REVISED

Job Name: WING COMMANDER

Title/Position: 2ND AD

Employee Name: Athena Alexander

Social Security #: 042-54-[redacted]4540

Telephone: (310)390-3299

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/9	$200.00	WORKED		
Tues	5/10	"	"		
Weds	5/11				
Thurs	5/7				
Fri	5/8	"	"		
Sat	-				
				TOTAL:	$1000

Gross Pay: $1000.00

Employee: [signature]

Approved: [signature]

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____ → REVISED W-4 ATTACHED

Job Name: WING COMMANDER III

Title/Position: 1ST AD

Employee Name: HARRY JARVIS

Social Security #: 218-48-5698

Telephone: (818) 398-9885

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/9	500	WORKED		
Tues	5/10				
Weds	5/11				
Thurs	5/7				
Fri	5/8				
Sat					

TOTAL: 2500

Gross Pay: $2500

Employee: Harry Jarvis

Approved: Pam Oliver

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMM. III

Title/Position: CAM ASST

Employee Name: T KANTRUD

Social Security #: 469-38-5673

Telephone: 310-438-2351

Lindt!

	DATE	RATE	HOURS	O/T	TOTAL		
WED ~~Sun~~	5-4	275/10	10	~~2.25~~ 2.75	12.75	275	92.81
THUR ~~Mon~~	5-5		10	3 ~~2~~	13.5	275	~~1344~~ 123.75 ~~1411.38~~
FRI ~~Tues~~	5-6		10	~~2.75~~ 2.25	12.75	~~275~~	92.81
~~Weds~~							
MON ~~Thurs~~	5-9		10	~~2.25~~ 1.75	12.25	~~275~~	~~72.19~~
Tue ~~Fri~~	5-10		10	~~2.75~~ 2.25	12.75	~~275~~	92.81
Wed ~~Sat~~	5-11		10	~~5.0~~ 4.5	15.0	~~275~~	135.63
				TOTAL:	2310	1650	660 + 12375

Gross Pay: ~~$ 2310~~ $ 2433.75

Employee: [signature]

Approved: [signature]

4125 OT

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: WingCommander III

Title/Position: Wardrobe

Employee Name: Mary Paxton

Social Security #: 508-58-8376

Telephone: (818) 249-1247

Lunch taken out

	DATE	RATE	HOURS	O/T	TOTAL		
Sun		375.00/12 hr day					
Mon	5/9		10:30A-9:00P		10.5	375	—
Tues	5/10		7:00A-8:30P		13.5	375	46.88
Weds	5/11		6:30A-10:45P		16 15.5	375	164.08
Thurs	5/5		7:00A-10:30P		15.5	375	140.64
Fri	5/6		12:30P-11:00P		10.5	375	—
Sat							
				TOTAL:	2226.6	1875	351.60

Gross Pay: $2226.60

Employee: Mary Paxton

Approved: Robin Olsen

46.88 OT

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ____

Job Name: [redacted] WING COMMANDER III

Title/Position: 2ND 2ND A.D.

Employee Name: TIA ARDRAN.

Social Security #: 451-71-8021

Telephone: 310-822-3881

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5-9	60	12		60
Tues	5-10	60	12		60
Weds	5-11	60	12		60
Thurs	5-5.	60	12		60
Fri	5-6	60	12		60
Sat					
				TOTAL:	$300

Gross Pay: $300

Employee: Tia Ardran

Approved: Pam Dever

T I M E C A R D S

Maloney , Ed
16471 Donmetz st.
Gra a Ca 91344

Telephone 818-368-4680
SS# 044-46-7274
Title 728Elec.
DI# N7669037
5/11/94
Claims Birth Date m-2 1127-51

Company Name: Entertainment Arts
Company #: EA
Contact: Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.II	Week-3	400	12	12	16	

Date	In	Out	In	Out	Total	x1.5	x 50.00	x2	x 66.67	Total
Thu 5/5	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/6	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/9	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/10	7.00	13.00	13.50	21.00	13.50	1.50	75.00	0.00	0.00	475.00
Wed 5/11	7.00	13.00	13.50	22.60	15.10	3.10	155.00	0.00	0.00	555.00
					28.60	4.60	230.00	0.00	0.00	

Employee Signature

x Pat Maloney

Grand Total $1,030.00

Pat Maloney
Pam Auer

T I M E C A R D S

Goldsmith , Shaun
614 N. Gardner Ave.
Los Ca 90036

Telephone 213-655-5433
SS# 562-73-0656
5/11/94
Title 728Elec.
Dl# C3520477
Claims Birth Date S1 5-8-68

Company Name: Entertainment Arts
Company #: EA
Contact: Pam Auer
Job Name: Wing Comm.II
Job Number: Week-3
Rate: 250
Based on: 12
x1.5: 12
x2: 24
Special Rate:

Date	In	Out	In	Out	Total	x1.5	x31.25	x2	x41.67	Total
Thu 5/5	7.00	13.00	13.50	22.50	15.00	3.00	93.75	0.00	0.00	343.75
Fri 5/6	9.50	15.50	16.00	23.50	13.50	1.50	46.88	0.00	0.00	296.88
Sat 5/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/9	7.00	13.00	13.50	20.00	12.50	0.50	15.63	0.00	0.00	265.63
Tue 5/10	7.00	13.00	13.50	21.00	13.50	1.50	46.88	0.00	0.00	296.88
Wed 5/11	7.00	13.00	13.50	22.60	15.10	3.10	96.88	0.00	0.00	346.88
					69.60	9.60	300.00	0.00	0.00	

Employee Signature

x Shaun Goldsmith

Grand Total $1,550.00

Pam Auer

T I M E C A R D S

Neville , Robert
1337 N. Fairview St.
Burbank , Ca 91505

Telephone 818 841-0202
SS# 078-46-0033
5/11/94
Title 728Elec.
Dl# U 3036362
Claims Birth Date 6-17-62

Company Name: Entertainment Arts
Company #: EA
Contact: Pam Auer
Job Name: Wing Comm.II
Job Number: Week-3
Rate: 400
Based on: 12
x1.5: 12
x2: 24
Special Rate:

Date	In	Out	In	Out	Total	x1.5	x 50.00	x2	x66.67	Total
Thu 5/5	7.00	13.00	13.50	22.50	15.00	3.00	150.00	0.00	0.00	550.00
Fri 5/6	9.50	15.50	16.00	23.50	13.50	1.50	75.00	0.00	0.00	475.00
Sat 5/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/9	7.00	13.00	13.50	20.00	12.50	0.50	25.00	0.00	0.00	425.00
Tue 5/10	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 5/11	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					41.00	5.00	250.00	0.00	0.00	

Employee Signature

X Bob Neville

Grand Total $1,450.00

Pam Auer

T I M E C A R D S

LAKE , REGGIE
POB 771
Be[illegible]yHills Ca 90212

Telephone 818 716-8775
SS# 580-10-8799
5/11/94
Title 728Elec.
DL# N6403347
Claims Birth Date m-1 2-18-47

Company Name: Entertainment Arts
Company #: EA
Contact: Pam Auer
Job Name: Wing Comm.II
Job Number: Week-3
Rate: 450
Based on: 12
x1.5: 12
x2: 24
Special Rate:

Date	In	Out	In	Out	Total	x1.5	x 56.25	x2	x75.00	Total
Thu 5/5	7.00	13.00	13.50	22.50	15.00	3.00	168.75	0.00	0.00	618.75
Fri 5/6	9.50	15.50	16.00	23.50	13.50	1.50	84.38	0.00	0.00	534.38
Sat 5/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/9	7.00	13.00	13.50	20.00	12.50	0.50	28.13	0.00	0.00	478.13
Tue 5/10	7.00	13.00	13.50	21.00	13.50	1.50	84.38	0.00	0.00	534.38
Wed 5/11	7.00	13.00	13.50	22.60	15.10	3.10	174.38	0.00	0.00	624.38
					69.60	9.60	540.00	0.00	0.00	

Employee Signature

Reggie Lake

Grand Total $2,790.00

Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Seamstress

Employee Name: GAIL, Nanisrael

Social Security #: 348-46-0395

Telephone: 310.457.3446

take out lunch?

DATE	RATE	HOURS	O/T	TOTAL
~~Thur~~ ~~Sun~~ 5/5/94	~	~	~	
~~Fri~~ ~~Mon~~ 5/6/94	30.00	7 hrs		210.—
~~Sat~~ ~~Tues~~ 5/7/94	30.00	9 hrs		270.—
~~Sun~~ ~~Weds~~ 5/8/94	30.00	7 hrs		210.—
~~Mon~~ ~~Thurs~~ 5/9/94	30.00	13½ hrs		405.—
~~Tues~~ ~~Fri~~ 5/10/94	30.00	15½ hrs		465.—
~~Wed~~ ~~Sat~~ 5/11/94	~~30.00~~ ~	~	~	
			TOTAL:	1560—

Gross Pay: ~~$ 1485~~ $ 1560

Employee: Nan Gail

Approved: Pam Quer

195 255 195 390 450 1485

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Comander

Title/Position: DoP

Employee Name: Bill Sheehy

Social Security #: 571-68-7752

Telephone: 310 546 1085

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5-16	600	12		600
Tues	5-17	600	12		600
Weds					
Thurs	5-12	600	12		600
Fri	5-13	600	12		600
Sat					
				TOTAL:	2400

Gross Pay: 2400

Employee: Bill Sheehy

Approved: Pam Lucer

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Wing Comander

Title/Position: Director of Photography

Employee Name: Bill Sheehy

Social Security #: 571-68-7752

Telephone: 310 546 1085

take out lunch?

	DATE	RATE	HOURS	O/T	TOTAL		
Sun							
Mon	5-9	600	~~10~~ 12	~~1~~ 2	12	600	
Tues	5-10	600	12	-	12	600	
Weds	5-11	600	12	~~2.5~~	~~14.5~~	600	150
Thurs							
Fri							
Sat							
				TOTAL:	38.5	1800	150

Gross Pay: ~~$~~ 1950

Employee: Bill Sheehy

Approved: Pam Dever

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Wing Commander 3

Title/Position: Gaffer 2nd Unit

Employee Name: Henry J. Coccetti, Jr.

Social Security #: 057-50-3666

Telephone: 818-996-3831

take out Lunch?

	DATE	RATE	HOURS	O/T	TOTAL		
Sun							
Mon	5-9	375.	12	~~2~~	12	375	
Tues	5-10	375.	12		12	375	
Weds	5-11	375.	12.	2.~~5~~	14.~~5~~	375	9375
Thurs							
Fri							
Sat							
				TOTAL:	38.5	1125	93.75

Gross Pay: $1,218.75

Employee: H J Coccetti

Approved: Pam Dixier

1218.75

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Comm. III

Title/Position: CAM ASST

Employee Name: THOMAS KANTRUD

Social Security #: 469-38-5673

Telephone: 310-438-2351

	DATE	RATE	HOURS	O/T	TOTAL
THUR	5-12	275/10	10	.75	10.75
FRI	5-13		10	5.25	15.25
MON	5-14		10	1.25	11.25
TUE	5-17		10	5.25	15.25
WED	5-18		10		1.0
				TOTAL:	59.5

30.94

NOTE! 30.94 SUNAH HAS 275 BEEN SUBTRACTED

275 51.56

275 216.56

275 + 41.25

Gross Pay: 1720.62

Employee: [signature]

Approved: [signature]

1931.87

1375.00 + 345.62

41.25 / O.T.

5/12 275 + 30.94 = 305.94

5/13 275 + 216.56 = 491.56

5/14 275 + 51.56 = 326.56

5/17 275 + 216.56 = 491.56

5/18 275 + 41.25 = 316.25

TOTAL 1931.87

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Commander III

Title/Position: Hair/Makeup

Employee Name: Dana Harper

Social Security #: 572-66-2042

Telephone: (818) 224-4735

	DATE	RATE 31.50	HOURS	O/T 47.25	TOTAL	
Sun	OFF					
Mon	6:45 –	6:50 pm			252.	+ 189.
Tues	6:45	10:30 pm			252.	+ 330.75
Weds	6:45	WORKED → outside			~~0~~	
Thurs	9:30 –	8:45 pm			252.	+ 120.
Fri	7:30 –	11:50 pm			252.	+ 330.75
Sat	OFF					
				TOTAL:	1988.50	

Gross Pay: 1988.50

Employee:

Approved: Pam Queen

This is correct

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Commander IST

Title/Position: Costumer

Employee Name: Gail, Namaroff

Social Security #: 548.46.0395

Telephone: 310.457.3446

Doctor's #: 54...

	DATE	RATE	HOURS	O/T	TOTAL
Wed Sun	5/12	12.50	10-1 3		37.50
~~Thurs~~ Mon	5/13		2P 11hrs		137.50
~~Fri~~ Tues	5/14				
Wed	5/15				
Thurs	5/16		7 4 9		112.50
Fri Mon	5/17		2P 9.50		118.75
Sat	5/18		P-		100.00

TOTAL: ~~406.25~~ 506.25

Gross Pay: ~~406.25~~ 506.25

Employee: Gail

Approved: Peter Oliver

+100.

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Wing Commander III

Title/Position: SCENIC ARTIST

Employee Name: Wanni Yu

Social Security #: 572-69-0312

Telephone: _____

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds					
Thurs	4-28	175.00	12		12
Fri	4-29	175.00	10		10
Sat					
				TOTAL:	22

Gross Pay: $ 350.00

Employee: Wanni Yu

Approved: Sam Asher

Oops!!

Here's one more!

But this one is

Signed!

☺

Crew Time Sheet

Check off if first time card: X

If so, enclose W-4 & I-9: ____

Job Name: Wings Commander III

Title/Position: Craft Service

Employee Name: Laura Bagano

Social Security #: 565-45-7330

Telephone: 818 701-0857

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/2	150/25			
Tues		25			
Weds	4/27	150/25			
Thurs		/25			
Fri		/25			
Sat	Kit	Rental	200		
				TOTAL:	

Gross Pay: 625.00

Employee: Laura Bagano

Approved: _____

18115 Andrea Cir N #2
Northridge CA 91325

Post-It™ brand fax transmittal memo 7671 | # of pages ▸ 4

To Karen Kodet	From
Co.	Co.
Dept.	Phone #
Fax # 415-726-1506	Fax #

heet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Hair / Makeup

Employee Name: Dana Sharpe

Social Security #: 572-66-2042

Telephone: (818) 2244735

48.75/HR
O.T.

	DATE	RATE	HOURS	O/T	TOTAL
Sun	Off	$32.50			
Mon	10:45/3:15		4 hrs		130.
Tues	7:15/7:30		12 hrs		325. + 97.50
Weds	6:30/8:45		13.		325. + 146.25
Thurs	8:15/10:50		14		325. + 195.
Fri	Off				
Sat	Off				
				TOTAL:	$1543.75

Gross Pay: $1543.75

Employee: Dana Sharpe

Approved: Pam Allen

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To Karen Kodet	From
Co.	Co.
Dept.	Phone #
Fax #	Fax #

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Craft Service / Juana Martinez

Title/Position: Craft Service

Employee Name: JUANA MARTINEZ

Social Security #: 362-95-2806

Telephone: (818) 899-1320

	DATE	RATE	HOURS	O/T	TOTAL
MON ~~Sun~~ FBI	May 3	150			
~~Mon~~ MON	May 7	150			
~~Tues~~ FRI	May 10	150		NO	
~~Weds~~	May 13	150			
Thurs					
Fri					
Sat					
				TOTAL:	600

Gross Pay: $600.00

Employee: Juana Martinez

Approved: Pam Deuer

1993 Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use Pub. 919, Is My Withholding Correct for 1993?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A ____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.

. . B ____

C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) . . . . . C ____

D Enter number of dependents (other than your spouse or yourself) whom you will claim on your tax return . . . . . D ____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household**, above) . E ____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F ____

G Add lines A through F and enter total here. **Note:** *This amount may be different from the number of exemptions you claim on your return* ► G ____

For accuracy, do all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

---------- Cut here and give the certificate to your employer. Keep the top portion for your records. ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: JUANA — Last name: MARTINEZ — 2 Your social security number

Home address (number and street or rural route): 14311 Bermuin St.

City or town, state, and ZIP code: Mission Hills CA 91345

3 [X] Single [ ] Married [ ] Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information . . . . ► [ ]

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) . 5 0

6 Additional amount, if any, you want withheld from each paycheck . . . . . 6 $

7 I claim exemption from withholding for 1993 and I certify that I meet **ALL** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND**
- This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter "EXEMPT" here . . . . . ► 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ► Juana Martinez — Date ► 5/13/94, 19 94

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)

9 Office code (optional)

10 Employer identification number

ENTERPRISE PRINTERS & STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wings Com III

Title/Position: Craft Service

Employee Name: Laura Bagano

Social Security #: 565-45-7330

Telephone: 818 701-0857

	DATE	RATE	HOURS	O/T	TOTAL
Sun	5/8	150			
Mon					
Tues					
Weds	5/11	100			
Thurs					
Fri	~~Kit Rental~~	200			
Sat					
				TOTAL:	~~450~~

negotiated over #

Gross Pay: 250

Employee: ~~Laura Bagano~~ 250

Approved: Pam Dever

VIRGIL L. HARPER

cinematography

Rt. 1 Box 332 Terrebonne, Oregon 97760 Ph. 503-548-1126

INVOICE FOR SERVICES

Invoice #: B9406 Invoice date: 4/27/94

INVOICED TO
Company: Electronic Arts
Address:
City: State: Ca. Zip:

Prod. Dates: 4/18 thru 4/~~27~~22/94 Prod #:
Prod. Title: WING COMMANDER III - CD-ROM
Spcl. Notes:

COST BREAKDOWN / DIR. OF PHOTOGRAPHY

PreProd:	$500.00	Pre.Days:	3.5	PreProd. Total:	$1,750.00
~~Production:~~	~~$900.00~~	~~Prod.Days:~~	~~3~~	~~Prod.Days Total:~~	~~$2,700.00~~
Post Prod:	$0.00	Post Days:	0	Post Days Total:	$0.00
Travel Exp:	$0.00			Out of Pocket:	$0.00

INVOICE TOTAL: $1750.00 ~~$4,150.00~~

Make payable to Virgil L. Harper / Cinematography (Fed.# 95-3752502).
Payment due within 15 days from date of invoice or a late fee will be charged.

Thank you,

Virgil L. Harper

DR:

OK, Pam
Auer
Pre Production
Consultant

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Makeup assistant

Employee Name: Kimberly Miner

Social Security #: 554-85-8128

Telephone: 310/473-4232

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds	5/11	200—	6:30-9:30	~~25 kit fee~~ 75.00	275.00
Thurs					
Fri	5/5	~~225~~ 200.00	12-11:00	~~25.00 kit fee~~	~~225~~ 200.00
Sat					
				TOTAL:	475.00

Gross Pay: $475.00 + ~~5.00 kit fee~~ *

Employee: Kimberly Miner

Approved: Pam Dixon

* separate invoice for kit fee.

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Wing Commander III

Title/Position: Show Control -

Employee Name: Kassra Nassiri

Social Security #: 572-75-6417

Telephone: 818-888-2820

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/9	$500/12 hrs	12	1.33	$555.55 500
Tues	5/10	500/12	12	1	$541.67 500
Weds					
Thurs	5/5	500/12	12	0.5	$520.83 500
Fri	5/6	500/12	12	1.5	$562.50 500
Sat					
				TOTAL:	$ 2,180.55

Gross Pay: $ 2180.55

Employee: Kassra Nassiri

Approved: Pam Auer

$250 01

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Set Costumer

Employee Name: GAIL, Namsrael

Social Security #: 348.46.0395

Telephone: 310.457.3446

	DATE	RATE	HOURS	O/T	TOTAL	
Thur ~~Sun~~	5/5/94	12.50	(10.5hrs) 8:30-7PM		131.25	125
Fri ~~Mon~~	5/6/94	12.50	7-12 (5hrs)		62.50	56.25
Sat ~~Tues~~	5/7/94	~~0~~				
Sun ~~Weds~~	5/8/94					
Mo ~~Thurs~~	5/9/94					
Tue ~~Fri~~	5/10/94					
Wed ~~Sat~~	5/11/94	12.50	(11hrs) 6:30A - 10:30P		200.00	193.75
				TOTAL:	~~393.75~~	375

Gross Pay: $ ~~375~~

Employee: Nam Gail

Approved: Pam Dixon

T I M E C A R D S

Cook , Kevin
1327 S. Westgate Ave. #101
Los Ca. 90025

Telephone (310) 477-1599
SS# 548-57-3408
5/11/94
Title Grip
DI# C5128530
Claims Birth Date S-0 9-11-68

Company Name: Entertainment Arts
Company #: EA-1
Contact: Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.II	Week-3	225	10	10	19	

Date	In	Out	In	Out	Total	x1.5	x33.75	x2	x45.00	Total
Thu 5/5	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/6	9.50	13.00	13.50	23.50	13.50	3.50	118.13	0.00	0.00	343.13
Sat 5/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/9	7.00	13.00	13.50	20.00	12.50	2.50	84.38	0.00	0.00	309.38
Tue 5/10	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 5/11	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					26.00	6.00	202.50	0.00	0.00	

Grand Total $652.50

Employee Signature

X Kevin Cook

Pam Auer

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Wing Commander

Title/Position: Sound Mixer 2nd Unit

Employee Name: Mary Jo Devenney

Social Security #: 200-44-8228

Telephone: (310)392-2637

O/T?

Lunch taken

Lunch

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon				.25	
Tues	5/10	$375.00/12	12.~~50~~	~~.75~~	12.25
Weds					
Thurs					
Fri					
Sat					
				TOTAL:	38672

375 + 11.72

Gross Pay: 386.72

Employee: Mary Jo Devenney

Approved: Pam Green

Equip by separate invoice

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Boom Operator

Employee Name: Paul Coogan

Social Security #: 560-37-2782

Telephone #: 818-794-9419

	DATE	Time In/Out		HOURS (1x)	O/T (1.5x)	TOTAL
Thurs	5/5	8.0	22.2	10.0	3.7	15.5
Fri	5/6	9.5	22.7	10.0	2.7	14.0
Sat				0.0	0.0	0.0
Sun				0.0	0.0	0.0
Mon	5/9			0.0	0.0	0.0
Tues	5/10			0.0	0.0	0.0
Weds	5/11	7.0	22.9	10.0	5.4	18.1
					TOTAL:	47.7

Rate: $250.00/10 hours

Gross Pay: $1.192.50

Employee: Paul Coogan

Approved: Pam Dixon

750

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: Dir. of Photography

Employee Name: Virgil L Harper

Social Security #: 534-44-6343

Telephone: 503-548-1126

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5-10-94	$90/hr.	10		$900.00
Tues	5-11-94	$90/hr.	10		$900.00
Weds	5-4-94	$90hr.	10		$900.00
Thurs	5-5-94	$90 hr.	10		$900.00
Fri	5-6-94	$90 hr.	10		$900.00
Sat					

TOTAL: $4500.00

Gross Pay: $4500.00

Employee: [signature]

Approved: [signature]

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Production Manager

Employee Name: Pam Ayer

Social Security #: _____

Telephone: _____

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/9	300			
Tues	5/10	300			
Weds	5/11	300			
Thurs	5/5	300			
Fri	5/6	300			
Sat					
				TOTAL:	$1500

Gross Pay: $1500 00

Employee: Pam Ayer

Approved: _____

JAMES A. CAPP
P.O. BOX 283
Avalon, CA 90704
SS# 465-85-0073

To: Electronic Arts
C/O Origin
"Wing Commander III"
12940 Research Blvd.
Austin, TX. 78750

Date: April 21, 1994

Invoice: For production services rendered on "Wing Commander." From 4/11/94 to 4/21/94 for a flat fee of $750.00.

Sincerely,

James Capp

The last of the 1099's

Lauren Levine
9516 Farragut Dr.
Culver City, CA. 90232
SS# 083-56-1073

To: Electronic Arts
C/O Origin
"Wing Commander III"
12940 Research Blvd.
Austin, TX. 78750

Date: April 21, 1994

Invoice: For production services rendered on "Wing Commander." From 4/15/94 to 4/21/94 for a flat fee of $375.00.

Sincerely,

Lauren Levine

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Commander III

Title/Position: Hair / Makeup

Employee Name: Dana E. Sharpe

Social Security #: 572-66-2042

Telephone: 818 2244735

	DATE	RATE	HOURS	O/T=X1.5	TOTAL		
Sun	OFF						
Mon	4.7-18.0	32.50	8	3.3	420.97	260	160.97
Tues	6.5-18.7		8	4.2	464.75	260	204.75
Weds	6.5-20.4		8	5.9	547.63	260	287.63
Thurs	7.0-19.5		8	4.5	479.38	260	219.38
Fri	7.0-20.3		8	5.3	618.39	260	258.38
Sat							
						HRS	OT
				TOTAL:	2431.01	1300	1131.01

Gross Pay: 2431.01

Employee: Dana Sharpe

Approved: Pam Marden

48.75 = OT

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: WC III

Title/Position: Production Manager

Employee Name: Pamela Auer

Social Security #: on file

Telephone: 310 - 457 - 694

	DATE	RATE	HOURS	O/T	TOTAL
Sun		300/FLAT	X 5 =		1500.
Mon					
Tues					
Weds					
Thurs					
Fri					
Sat					
				TOTAL:	1500.

Gross Pay: $1500.

Employee: Pam Auer

Approved: Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: ~~CAM ASST~~ WING COMMD III

Title/Position: CAM ASST.

Employee Name: T KANTRUD

Social Security #: 469-38-5673

Telephone: 310-438-2351

	DATE	RATE	HOURS	O/T	TOTAL
WED ~~Sun~~					
THUR ~~Mon~~	4-28	275/10	10	2.25	12.25
FRI ~~Tues~~	4-29		10	2.5	12.5
SAT ~~Weds~~					
SUN ~~Thurs~~					
MON ~~Fri~~	5-2		10	.5	10.5
TUE ~~Sat~~	5-3		10	2	12.0
				TOTAL:	

Gross Pay: _____

Employee: Tom KANTRUD

Approved: Jay Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Costume

Title/Position: Costume Supervisor

Employee Name: Marcelle McKay

Social Security #: 545-57-6524

Telephone: (213)939-2012

	DATE	RATE	HOURS	O/T	TOTAL
Sun	4/24				
Mon	25		WORKED		
Tues	26		WORKED		
Weds	27		WORKED		
Thurs	28		WORKED		
Fri	29		WORKED		
Sat	30				
				TOTAL:	5 days 750.00

Gross Pay: 150.00 per week

Employee: Marcelle McKay

Approved: Pam Deer

TOTAL closing-out Pay should be for This week (4-24 thru 4-30) The week before (4-17 thru 4-23) and Three days 4-13, 4-14, 4-15. Total gross pay = $1950.00.

Thank you.

Post-It™ brand fax transmittal memo 7671 | # of pages ▸

To KAREN KODET	From PAM AUER
Co. 415-726-1506	Co. WING LA
Dept. PAYROLL	Phone #
Fax #	Fax #

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Wing Commander III

Title/Position: Production Manager

Employee Name: Pam Auer

Social Security #: 568-66-5463

Telephone: 310-457-6941

	DATE	RATE	HOURS	O/T	TOTAL
Sun		NC			
Mon		300.	FLAT		300
Tues		300.			300
Weds		300			300
Thurs		300			300
Fri		300			300
Sat		NC			
				TOTAL:	1500.

Gross Pay: $1500.

Employee: Pam Auer

Approved: Donna Burton

Karen,
I just ran out of I-9's — I'll send this afternoon.
Thanks!!!
You're great - Pam

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ____

Job Name: WING COMM 3

Title/Position: SCRIPT SPVSR

Employee Name: KATE LEWIS

Social Security #: 575-60-9261

Telephone: 310/452-9044

		DATE	RATE	HOURS	O/T	TOTAL
Sun						
~~Mon~~	M	4/18	400	NO OT IN PREP		
~~Tues~~	T	4/19	↓	↓		
~~Weds~~	M	4/25				
~~Thurs~~	T	4/26				
~~Fri~~	W	4/27				
Sat						
					TOTAL:	2000.00

Gross Pay: 2000

Employee: Kate Lew

Approved: Pam Aven

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ____

Job Name: [redacted] Wing Commander III

Title/Position: Production Asst.

Employee Name: Laurie Tragen-Boykoff

Social Security #: 558-25-0938

Telephone: 818-591-7030

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	4-25	75.00/day			75.00
Tues					
Weds	4-27	75.00/day			75.00
Thurs					
Fri					
Sat					
				TOTAL:	150.00

Gross Pay: 150.00

Employee: Laurie Tragen

Approved: [signature]

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Costumes

Employee Name: Gail, Namsaraul

Social Security #: 348.46.0395

Telephone: 310.457.3446

	DATE	RATE	HOURS	O/T	TOTAL
~~Sun~~ Wed	5/12	12.50	10-1 3		37.50
~~Mon~~ Thurs	5/13		7-7 11hrs		137.50
~~Tues~~ Fri	5/14				
~~Weds~~ Sat	5/15				
~~Thurs~~ Sun	5/16		7-4 9		112.50
Fri Mon	5/17		7-4 9.50		118.75
Sat	5/18		8-		

TOTAL: $406.25

Gross Pay: 406.25

Employee: Gail

Approved: Pam Queen

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Seamstress

Employee Name: Gail Namaroil

Social Security #: 348.46.0395

Telephone: 310.457.3446

	DATE	RATE	HOURS	O/T	TOTAL
Sun	5/12	30	11hrs		330
Mon	5/13		7hrs		210
Tues	5/14		10hrs		300
Weds	5/15		9hrs		270
Thurs	5/16		6hrs		180
Fri	5/17				
Sat	5/18				
				TOTAL:	1290.00

Gross Pay: 1290.00

Employee: Gail

Approved: Sam Clover

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: CRAFT SERVICE

Employee Name: MICHAEL FOXWORTH

Social Security #: 266-61-3338

Telephone: 818 441 0633

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues 5-	10-94	150. DAY	14 hours	—	150.00
Weds 5	-11-94	150. DAY	14 hours	—	150.00
Thurs 5-	5-94	150. DAY	14 hours	—	150.00
Fri					
Sat					
				TOTAL:	450.00

Gross Pay: 450.00

Employee: Michael Foxworth

Approved: Pam Dixon

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Wing Commander III

Title/Position: P.A.

Employee Name: Kirsten Maryott

Social Security #: 455-63-7646

Telephone: (310) 399-2158

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues	May 10	$50.00/day	14	—	$50.00
Weds	May 10	$50.00/day	14.5	—	$50.00
Thurs					
Fri					
Sat					
				TOTAL:	$100

Gross Pay: $100

Employee: Kirsten Maryott

Approved: Dawn Oliver

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: P.A.

Employee Name: JAMES A. CAPP

Social Security #: 465-85-0073

Telephone: ~~818~~ 310-454-9716

	DATE	RATE	HOURS	O/T	TOTAL
Sun	—				
Mon	5/9	75 per day			75
Tues	5/10	75			75
Weds	5/11	75			75
Thurs	5/5	75			75
Fri	5/6	75			75
Sat	—				
				TOTAL:	$ 375

Gross Pay: $ 375

Employee: Capp

Approved:

T I M E C A R D S

Vasquez , Gus
2109 Mignon Way
Pla tia Ca 92000

Telephone (714)524-3916
SS# 562-45-4692
5/11/94

Title Keygrip
Dl# N7871606
Claims Birth Date M2 10-1-61

Company Name Entertainment Arts
Company # EA-1
Contact Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.III	Week-3	$375.	10	10	20	

Date	In	Out	In	Out	Total	x1.5	x 56.25	x2	x 75.00	Total
Thu 5/5	7.00	13.00	13.50	22.50	15.00	5.00	281.25	0.00	0.00	656.25
Fri 5/6	9.50	15.50	16.00	23.40	13.40	3.40	191.25	0.00	0.00	566.25
Sat 5/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/9	7.00	13.00	13.50	20.00	12.50	2.50	140.63	0.00	0.00	515.63
Tue 5/10	7.00	13.00	13.50	21.00	13.50	3.50	196.88	0.00	0.00	571.88
Wed 5/11	7.00	13.00	13.50	22.60	15.10	5.10	286.88	0.00	0.00	661.88
					69.50	19.50	1096.88	0.00	0.00	

Employee Signature

X Jas A. Vasquez

Grand Total $2,971.88

Pam Auer

T I M E C A R D S

Etheredge , Greg
12040 Redbank St.
Sun Valley Ca 91352

Telephone 818-955-3474
SS# 546-17-5146
5/11/94
Title BB GRIP
DI# N7839204
Claims Birth Date S1 9-20-61

Company Name: Entertainment Arts
Company #: EA
Contact: Pam Auer

Job Name: Wing Comm.II
Job Number: Week-3
Rate: 325.
Based on: 10
x1.5: 10
x2: 16
Special Rate:

Date	In	Out	In	Out	Total	x1.5	x48.75	x2	x65.00	Total
Thu 5/5	7.00	13.00	13.50	22.50	15.00	5.00	243.75	0.00	0.00	568.75
Fri 5/6	9.50	15.50	16.00	23.50	13.50	3.50	170.63	0.00	0.00	495.63
Sat 5/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/9	7.00	13.00	13.50	20.00	12.50	2.50	121.88	0.00	0.00	446.88
Tue 5/10	7.00	13.00	13.50	21.00	13.50	3.50	170.63	0.00	0.00	495.63
Wed 5/11	7.00	13.00	13.50	22.60	15.10	5.10	248.63	0.00	0.00	573.63
					69.60	19.60	955.50	0.00	0.00	

Employee Signature

X Greg Etheredge

Pam Auer

Grand Total $2,580.50

T I M E C A R D S

Coker , Jim
795 Rose Ave.
Lon[illegible] Ca. 90813

Telephone (310) 591-0097
SS# 560-39-7859
5/11/94
Title Grip
DI# N5882366
Claims Birth Date M-3 9-10-59

Comp[illegible]Name Entertainment Arts
Company # EA-1
Contact Pam Auer

Job Name Wing Comm.II
Job Number Week-3
Rate 225
Based on 10
x1.5 10
x2 12
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 33.75	x2	x45.00	Total
Thu 5/5	7.00	13.00	13.50	22.25	14.75	1.50	50.63	3.25	146.25	421.88
Fri 5/6	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/9	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/10	7.00	13.00	13.50	21.00	13.50	1.50	50.63	2.00	90.00	365.63
Wed 5/11	7.00	13.00	13.50	22.60	15.10	1.50	50.63	3.60	162.00	437.63
					43.35	4.50	151.88	8.85	398.25	

Employee Signature Jim Coker

Grand Total $1,225.13

Pam Auer

T I M E C A R D S

Litt , Steve | Telephone 8/ 994-7940 | SS# 566-60-8414 | 5/11/94

6669 Mammoth Ave.

Van Nuys Ca. 91405 | Title Grip | DI# J0930645 | Claims Birth Date M-2 3/27/42

Company Name: Entertainment Arts | Company #: EA-1 | Contact: Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.II	Week 3	375	12	12	16	

Date	In	Out	In	Out	Total	x1.5	x 46.88	x2	x 62.50	Total
Thu 5/5	7.00	13.00	13.50	22.25	14.75	2.75	128.91	0.00	0.00	503.91
Fri 5/6	9.50	15.50	16.00	22.50	12.50	0.50	23.44	0.00	0.00	398.44
Sat 5/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/9	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/10	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 5/11	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					27.25	3.25	152.34	0.00	0.00	

Grand Total $902.34

Employee Signature Steve Litt

Pam Auer

T I M E C A R D S

Brott , Shane
12072 Old Pomerdo Road.
Powy Ca. 92064

Telephone 619-679-6582
SS# 559-35-6662
5/11/94
Title Utility
Dl# ● No freakin clue
Claims Birth Date S-9 2/17/70

Company Name: Entertainment Arts
Company #: EA-1
Contact: Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.II	Week-3	200	12	12	20	

Date	In	Out	In	Out	Total	x1.5	x 25.00	x2	x33.33	Total
Thu 5/5	7.00	13.00	13.50	22.25	14.75	2.75	68.75	0.00	0.00	268.75
Fri 5/6	9.50	15.50	16.00	23.50	13.50	1.50	37.50	0.00	0.00	237.50
Sat 5/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/9	7.00	13.00	13.50	20.00	12.50	0.50	12.50	0.00	0.00	212.50
Tue 5/10	7.00	13.00	13.50	21.00	13.50	1.50	37.50	0.00	0.00	237.50
Wed 5/11	7.00	13.00	13.50	22.60	15.10	3.10	77.50	0.00	0.00	277.50
					69.35	9.35	233.75	0.00	0.00	

Employee Signature

Grand Total $1,233.75

Pam Auer

1993 Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exemption from withholding. If exempt, complete line 7; but do not complete lines 5 and 6. No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use Pub. 919, Is My Withholding Correct for 1993?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A	Enter "1" for yourself if no one else can claim you as a dependent	A ____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B ____
C	Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C ____
D	Enter number of dependents (other than your spouse or yourself) whom you will claim on your tax return	D ____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household, above)	E ____
F	Enter "1" if you have at least $1,500 of child or dependent care expenses for which you plan to claim a credit	F ____
G	Add lines A through F and enter total here. Note: *This amount may be different from the number of exemptions you claim on your return* ►	G 9

For accuracy, do all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job and your combined earnings from all jobs exceed $30,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

---------- Cut here and give the certificate to your employer. Keep the top portion for your records. ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: TIA D. — Last name: ARDRAN. — 2 Your social security number: 451-71-8021

Home address (number and street or rural route): 716 MARCO PLACE

City or town, state, and ZIP code: VENICE, CA 90291

3 ☐ Single ☑ Married ☐ Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information ► ☐

5	Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)	5
6	Additional amount, if any, you want withheld from each paycheck	6 $
7	I claim exemption from withholding for 1993 and I certify that I meet ALL of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND • This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter "EXEMPT" here ►	7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ► Tia Ardran — Date ► 5-18, 19 94

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number

ENTERPRISE PRINTERS & STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Production Assistant

Employee Name: JAMES A CAPP

Social Security #: 465-85-0073

Telephone: 310-454-9716

	DATE	RATE	HOURS	O/T	TOTAL
Sun	—				
Mon	5/16	$75	—	—	
Tues	5/17	$75	—	—	
Weds	5/18	$75	—	—	
Thurs	5/12	$75	—	—	
Fri	5/13	$75	—	—	
Sat	—				
				TOTAL:	$375

Gross Pay: $375

Employee: J. Capp

Approved: Jerry Chew

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Wardrobe

Employee Name: Mary Paxton

Social Security #: 508-58-8376

Telephone: (818) 249-1247

	DATE	RATE	HOURS	O/T	TOTAL		
Sun		$375/12hr day					
Mon	5/16	6:30A - ~~7:30P~~ ~~MIDNIGHT~~	~~13~~ ~~12~~	1/2	12 1/2	~~375~~	23.44
Tues	5/17	6:30A - 11:00P	16 1/2	4	16	~~375~~	187.52
Weds	5/18	7:30A - 7:30P	12		12	~~375~~	—
Thurs	5/12	9:00A - 9:15P	12 1/4	0	11 3/4	~~375~~	—
Fri	5/13	7:30A - 12:00A	16 1/2	4	16	~~375~~	187.52
Sat						—	—
				TOTAL:	68.4	1875	398.48

Gross Pay: $2273.48

Employee: Mary E Paxton

Approved: Pam Auer

46.8%

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Grafter 2ND Unit

Employee Name: Henry Cocchi

Social Security #: 057-50-3666

Telephone: 818-996-3831

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5-16	375.	12		12
Tues	5-17		12		12
Weds					
Thurs	5-12		12		12
Fri	5-13		12		12
Sat					
				TOTAL:	48

Gross Pay: 1500.00

Employee: H Cocchi

Approved: Pam Auer

* REVISED W4

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: 2ND 2ND

Employee Name: TIA ARDAN

Social Security #: 451-71-8021

Telephone: (310)822-3881

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/16	$100.00	WORKED		
Tues	5/17				
Weds	5/18				
Thurs	5/12				
Fri	5/13				
Sat					
				TOTAL:	300

Gross Pay: $300.00

Employee: Tia Ardan

Approved: Jan Auer

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: CRAFT SERVICE

Title/Position: CRAFTSERVER

Employee Name: TIMOTHY J. KLOPPENBURG

Social Security #: 397-56-9654

Telephone: (818) 909-9044

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues	5/17	150			150
Weds	5/18	$150.00/day	14		$150.00
Thurs					
Fri					
Sat					
				TOTAL:	~~150~~ 300.

Gross Pay: $300

Employee: TIMOTHY J. KLOPPENBURG

Approved: Pam Chase

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Prod. Asst.

Employee Name: Laurie Tragen-Baykoff

Social Security #: 558-25-0938

Telephone: 591-7030

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/16	75-			75-
Tues					
Weds	5/18	75-			75-
Thurs					
Fri					
Sat					
				TOTAL:	150-

Gross Pay: $ 150

Employee: Laurie Tragen-Baykoff

Approved: Pam Elder

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: 1ST AD

Employee Name: HARRY JARVIS

Social Security #: 218-48-5698

Telephone: (818) 398-9885

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/16	~~500~~	↖		
Tues	5/17		WORKED		
Weds	5/18				
Thurs	5/12				
Fri	5/13				
Sat					

TOTAL: $ 2500

Gross Pay: $ 2500

Employee: Harry Jarvis

Approved: Pam Dever

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: ASST M/up

Employee Name: KIM MINER

Social Security #: 554-85-8128

Telephone: (310) 473 4232

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/15	$200	WORKED		
Tues	5/17	$200	WORKED		
Weds					
Thurs					
Fri	5/13	$200	WORKED		
Sat					

TOTAL: 600

Gross Pay: $ 600

Employee: Kim Miner

Approved: Pam Levin

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: 2ND AD

Employee Name: Athena ALEXANDER

Social Security #: 042-54-4540

Telephone: (310) 390-3299

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/16	$200			
Tues	5/17				
Weds	5/18		WORKED		
Thurs	5/12				
Fri	5/13				
Sat					
				TOTAL:	1000

FLAT

Gross Pay: $1000

Employee: Athena Alexander

Approved: Pam Cuer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMM III

Title/Position: DIRECTOR of PHOTOGRAPHY

Employee Name: VIRGIL HARPER

Social Security #: 534-44-6343

Telephone: ~~503~~ 548-1126

	DATE	RATE	HOURS	O/T	TOTAL
THUR ~~Sun~~	5-12	$ 900	10 hr	Ø	$ 900.00
FRI ~~Mon~~	5-13	$ 900	10 hr	Ø	900.00
~~Tues~~			~~10 hr~~	~~Ø~~	~~900.00~~
~~Weds~~					
MON ~~Thurs~~	5-16		10 hr	Ø	900.00
TUE ~~Fri~~	5-17		10 hr	Ø	900.00
WED ~~Sat~~	5-18		10 hr	Ø	900.00
				TOTAL:	4500.00

Gross Pay: $ 4500

Employee: Virgil L. Harper

Approved: Pam Auer

T I M E C A R D S

LITT , STEVE,WALTER | Telephone 994-7940 | SS# 566-60-8414 | 5/18/94

6669 MAMMOTH AVE | Title BB GRIP | Dl# J0930645 EXP.97 | Claims Birth Date M-2 3-27-42

VAN NUYS CA 91405

Company Name: Entertainment Arts | Company # 2ND Unit | Contact Pam Auer

Job Name: Wing Comm.III | Job Number: Week -4 | Rate: 375 | Based on: 12 | x1.5: 12 | x2: 24 | Special Rate:

Date	In	Out	In	Out	Total	x1.5	x 46.88	x2	x62.50	Total
~~Thu 5/12~~	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/13	8.00	14.00	14.50	20.50	12.00	0.00	0.00	0.00	0.00	375.00
~~Sat 5/14~~	0.00				0.00	0.00	0.00	0.00	0.00	0.00
~~Sun 5/15~~	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	7.00	13.00	13.50	19.50	12.00	0.00	0.00	0.00	0.00	375.00
Tue 5/17	7.00	13.00	13.50	19.50	12.00	0.00	0.00	0.00	0.00	375.00
Wed 5/18	8.50	14.50	15.00	21.00	12.00	0.00	0.00	0.00	0.00	375.00
					48.00	0.00	0.00	0.00	0.00	

Grand Total $1,500.00

Employee Signature

X Steven Litt

Pam Auer

T I M E C A R D S

Goldsmith , Shaun
14 N. Gardner Ave.
Los Ca 90036

Telephone 213-655-5433
SS# 562-73-0656
5/18/94
Title 728Elec.
DI# C3520477
Claims Birth Date S1 5-8-68

Company Name: Entertainment Arts
Company # EA
Contact Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.II	Week-4	250	12	12	24	

Date	In	Out	In	Out	Total	x1.5	x31.25	x2	x41.67	Total
Thu 5/12	9.50	15.50	16.00	20.80	10.80	0.00	0.00	0.00	0.00	250.00
Fri 5/13	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/14	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/15	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/17	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 5/18	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					10.80	0.00	0.00	0.00	0.00	

Grand Total $250.00

Employee Signature
Shaun Goldsmith

Pam Auer

T I M E C A R D S

Maloney , Ed
6471 Donmetz st.
Granada Ca 91344

Telephone 818-368-4680
SS# 044-46-7274
5/18/94
Title 728Elec.
DL# N7669037
Claims Birth Date m-2 1127-51

Company Name Entertainment Arts
Company # EA
Contact Pam Auer
Job Name Wing Comm.II
Job Number Week-3
Rate 400
Based on 12
x1.5 12
x2 25
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 50.00	x2	x66.67	Total
Thu 5/12	9.50	15.50	16.00	20.80	10.80	0.00	0.00	0.00	0.00	400.00
Fri 5/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/17	7.00	13.00	13.50	22.75	15.25	3.25	162.50	0.00	0.00	562.50
Wed 5/18	7.00	14.50	15.00	24.20	16.70	4.70	235.00	0.00	0.00	635.00
					42.75	7.95	397.50	0.00	0.00	

Grand Total $1,597.50

Employee Signature
Ed Maloney
Pam Auer

T I M E C A R D S

Jeville , Robert
337 N. Fairview St.
urbank, Ca 91505

Telephone
818 841-0202

SS#
078-46-0033

5/18/94

Title
728Elec.

Dl#
U 3036362 (97)

Claims Birth Date
6-17-62

ompany Name
ntertainment Arts

Company #
EA

Contact
Pam Auer

b Name
ing Comm.II

Job Number
Week-4

Rate	Based on	x1.5	x2	Special Rate
400	12	12	24	

Date	In	Out	In	Out	Total	x1.5	x 50.00	x2	x66.67	Total
~~Thu 5/12~~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/13	8.00	14.00	14.50	23.70	15.20	3.20	160.00	0.00	0.00	560.00
~~Sat 5/14~~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
~~Sun 5/15~~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	7.00	13.00	13.50	19.50	12.00	0.00	0.00	0.00	0.00	400.00
~~Tue 5/17~~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
~~Wed 5/18~~	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					27.20	3.20	160.00	0.00	0.00	

Grand Total $960.00

Employee Signature
Robert Neville

Pam Auer

50 OT

T I M E C A R D S

ary , Gregg
3225 -F Admiral Ave.
larina Del Ca 90292

Telephone (310)821-2346
SS# 548-19-0429
5/18/94
Title Elect.
Dl# N9204153
Claims Birth Date S-5 7-26-62

ompa ne
nterta nment Arts
Company # EA-1
Contact Pam Auer

Job Name Commander III
Job Number Week-4
Rate 250
Based on 12
x1.5 12
x2 24
Special Rate

Date	In	Out	In	Out	Total	x1.5	x31.25	x2	x41.67	Total
Thu 5/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/13	8.00	14.00	14.50	23.70	15.20	3.20	100.00	0.00	0.00	350.00
Sat 5/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	7.00	13.00	13.50	20.00	12.50	0.50	15.63	0.00	0.00	265.63
Tue 5/17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Wed 5/18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					27.70	3.70	115.63	0.00	0.00	

Employee Signature Gregg Gary

Grand Total $615.63

Pam Auer

T I M E C A R D S

I-9 ✓
W4 ✓

oung j , Jamie
723 N. Kingsley Dr.
ollywood Ca 90027

Telephone 213-462-8753
SS# 556-13-6156
5/18/94
Title 80grip
Dl# N 2406318(98)
Claims Birth Date S-9 8-25-56

ompa ne: ntertainment Arts
Company # EA-1
Contact Pam Auer
ob Name: ommander III
Job Number Week-4
Rate 225
Based on 10 x1.5 10 x2 25
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 33.75	x2	x 45.00	Total
Thu 5/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Wed 5/18	8.50	14.50	15.00	24.20	15.20	5.20	175.50	0.00	0.00	400.50
					15.20	5.20	175.50	0.00	0.00	

Employee Signature Pam Auer

Grand Total $400.50

1994 Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exemption from withholding. If exempt, complete line 7; but do not complete lines 5 and 6. No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use Pub. 919, Is My Withholding Correct for 1993?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A	Enter "1" for yourself if no one else can claim you as a dependent	A ✓
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B
C	Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C
D	Enter number of dependents (other than your spouse or yourself) whom you will claim on your tax return	D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household, above)	E
F	Enter "1" if you have at least $1,500 of child or dependent care expenses for which you plan to claim a credit	F
G	Add lines A through F and enter total here. Note: *This amount may be different from the number of exemptions you claim on your return* ►	G

For accuracy, do all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job and your combined earnings from all jobs exceed $30,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

---------- Cut here and give the certificate to your employer. Keep the top portion for your records. ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: RUSSELL JAMES
Last name: YOUNG JR.
2 Your social security number: 556-13-6156

Home address (number and street or rural route): 1723 N. KINGSLEY DR.
3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

City or town, state, and ZIP code: Hollywood Ca 90027
4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information ► ☐

5	Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)	5 9
6	Additional amount, if any, you want withheld from each paycheck	6 $
7	I claim exemption from withholding for 1993 and I certify that I meet ALL of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND • This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter "EXEMPT" here ►	7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ► Russell Young Date ► 5-18-94, 19

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number

ENTERPRISE PRINTERS & STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398

EMPLOYMENT ELIGIBILITY VERIFICATION

JAMIE

I-9

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
YOUNG JR.	RUSSELL	JAMES	
Address: Street Name and Number	City	State	ZIP Code
1723 N. KINGSLEY DR.	Hollywood	Ca	90027
Date of Birth (Month Day Year)		Social Security Number	
8-25-56		556-13-6156	

I attest, under penalty of perjury, that I am (check a box):

- ☐ A citizen or national of the United States.
- ☐ An alien lawfully admitted for permanent residence (Alien Number A _____).
- ☐ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____ , expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
Jamie Young	5/18/94

PREPARER/TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	City	State	Zip Code

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from those in List A and check the correct box, ***or*** examine one document from List B ***and*** one from List C and check the correct boxes. Provide the ***Document Identification Number*** and ***Expiration Date,*** for the document checked in that column.

List A Identity and Employment Eligibility		List B Identity	**and**	List C Employment Eligibility
☐ United States Passport		☐ A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) CALIF		☒ Original Social Security Number Card (other than a card stating it is not valid for employment)
☐ Certificate of United States Citizenship		☐ U.S. Military Card		☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
☐ Certificate of Naturalization		☐ Other (Specify document and issuing authority)		☐ Unexpired INS Employment Authorization Specify form # _____
☐ Unexpired foreign passport with attached Employment Authorization				
☐ Alien Registration Card with photograph				
Document Identification # _____		*Document Identification* # N2406318		*Document Identification* # 556-13-6156
Expiration Date (if any) _____		*Expiration Date (if any)* 8-25-98		*Expiration Date (if any)* _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service

ENTERPRISE STATIONERS 7401 SUNSET L. A. CA. 90046 (213) 876-3533 270

T I M E C A R D S

Holmen , Dale
335 N. Ontario
Burbank Ca. 91505

Telephone (818)

SS# 585-30-7981

5/18/94

Title Electric

Dl# B4288550 Exp96

Claims Birth Date 6-20-49

Company Name Entertainment Arts

Company # EA-1

Contact Pam Auer

Job Name Commander III

Job Number Week-4

Rate 250

Based on 12 x1.5 12 x2 25

Special Rate

Date	In	Out	In	Out	Total	x1.5	x31.25	x2	x41.67	Total
Thu 5/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/17	7.00	13.00	13.50	22.75	15.25	3.25	101.56	0.00	0.00	351.56
Wed 5/18	8.50	14.50	15.00	24.20	15.20	3.20	100.00	0.00	0.00	350.00
					30.45	6.45	201.56	0.00	0.00	

Employee Signature Dale Holeman

Grand Total $701.56

Pam Auer

I9 ✓
W4 ✓

EMPLOYMENT ELIGIBILITY VERIFICATION

I-9

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
Holmen	Dale	M	
Address: Street Name and Number	City	State	ZIP Code
835 N. Ontario	Burbank	CA	91505
Date of Birth (Month Day Year)		Social Security Number	
6/20/49		585-30-7981	

I attest, under penalty of perjury, that I am (check a box):

☒ A citizen or national of the United States.

☐ An alien lawfully admitted for permanent residence (Alien Number A _____).

☐ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ , or Admission Number _____ , expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/ Day/ Year)
Dale M Holmen	5/17/94

PREPARER TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	City	State	Zip Code

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from those in List A and check the correct box, ***or*** examine one document from List B ***and*** one from List C and check the correct boxes. Provide the ***Document Identification Number*** and ***Expiration Date,*** for the document checked in that column.

List A Identity and Employment Eligibility		List B Identity	and	List C Employment Eligibility
☐ United States Passport		☒ A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) CA		☒ Original Social Security Number Card (other than a card stating it is not valid for employment)
☐ Certificate of United States Citizenship		☐ U.S. Military Card		☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
☐ Certificate of Naturalization		☐ Other (Specify document and issuing authority)		☐ Unexpired INS Employment Authorization Specify form #
☐ Unexpired foreign passport with attached Employment Authorization				
☐ Alien Registration Card with photograph				
Document Identification #		*Document Identification* # B 4288550		*Document Identification* # 585-30-7981
Expiration Date (if any)		*Expiration Date (if any)* 6/20/96		*Expiration Date (if any)*

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service

ENTERPRISE STATIONERS 7401 SUNSET L. A. CA. 90046 (213) 876-3533 270

1993 Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919, Is My Withholding Correct for 1993?**, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A Enter "1" for yourself if no one else can claim you as a dependent . . . . . A ____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.

. . B ____

C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) . . . . . C ____

D Enter number of dependents (other than your spouse or yourself) whom you will claim on your tax return . . . . . D ____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household**, above) . E ____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F ____

G Add lines A through F and enter total here. **Note:** *This amount may be different from the number of exemptions you claim on your return* ▶ G ____

For accuracy, do all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job**, and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

---------- **Cut here and give the certificate to your employer. Keep the top portion for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **For Privacy Act and Paperwork Reduction Act Notice, see reverse.**

OMB No. 1545-0010

1993

1 Type or print your first name and middle initial: Dale M. | Last name: Holmen | 2 Your social security number: 585-30-7981

Home address (number and street or rural route): 835 N. Ontario

City or town, state, and ZIP code: Burbank CA

3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information . . . . ▶ ☐

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) . 5 9

6 Additional amount, if any, you want withheld from each paycheck . . . . . 6 $

7 I claim exemption from withholding for 1993 and I certify that I meet **ALL** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND**
- This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter "EXEMPT" here . . . . . ▶ 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ Dale M Holmen Date ▶ 5/17, 1994

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) | 9 Office code (optional) | 10 Employer identification number

ENTERPRISE PRINTERS & STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398

T I M E C A R D S

ARLEY , ROD
213[illegible] hio Ave. #309
/est[illegible]s Ca 90025

Telephone (310) 826-5056
SS# 225-13-8288
5/18/94
Title (80)grip.
Dl# C 5698666(97)
Claims Birth Date 12-1561

ompany Name ntertainment Arts
Company # EA
Contact Pam Auer

b Name /ing Comm.II
Job Number Week-4
Rate 225
Based on 10
x1.5 10
x2 24
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 33.75	x2	x 45.00	Total
Thu 5/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/13	8.00	14.00	14.50	21.50	13.00	3.00	101.25	0.00	0.00	326.25
Sat 5/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	7.00	13.00	13.50	19.50	12.00	2.00	67.50	0.00	0.00	292.50
Tue 5/17	7.00	13.00	13.50	22.75	15.25	5.25	177.19	0.00	0.00	402.19
Wed 5/18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					40.25	10.25	345.94	0.00	0.00	

Employee Signature

Grand Total $1,020.94

1993 Form W-4

Department of the Treasury
Internal Revenue Service

1084

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919, Is My Withholding Correct for 1993?**, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A ____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B ____
C	Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C ____
D	Enter number of **dependents** (other than your spouse or yourself) whom you will claim on your tax return	D ____
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household,** above)	E ____
F	Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit	F ____
G	Add lines A through F and enter total here. **Note:** *This amount may be different from the number of exemptions you claim on your return* ►	G ____

For accuracy, do all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

---------- Cut here and give the certificate to your employer. Keep the top portion for your records. ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: ROD G. Last name: FARLEY

2 Your social security number: ____

Home address (number and street or rural route): 12130 Ohio Ave. #309

3 ☐ Single ☑ Married ☐ Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

City or town, state, and ZIP code: West Los Angeles Ca 90025

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information ► ☐

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) . . . 5 2

6 Additional amount, if any, you want withheld from each paycheck . . . 6 $

7 I claim exemption from withholding for 1993 and I certify that I meet **ALL** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND**
- This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter "EXEMPT" here . . . ► 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ► R G Farley Date ► 5-12-94, 19

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number

ENTERPRISE PRINTERS & STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531. FAX (213)876-4398

EMPLOYMENT ELIGIBILITY VERIFICATION

I-9

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
FARLEY	RODERICK	GORDAN	
Address: Street Name and Number	City	State	ZIP Code
12130 Ohio Ave #309	West Los Angeles	CA	90025
Date of Birth (Month Day Year)		Social Security Number	

I attest, under penalty of perjury, that I am (check a box):

☒ A citizen or national of the United States.

☐ An alien lawfully admitted for permanent residence (Alien Number A _____).

☐ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month Day Year)
Rod Farley	5-18-94

PREPARER TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)	
Address (Street Name and Number)	City	State Zip Code

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from those in List A and check the correct box, ***or*** examine one document from List B ***and*** one from List C and check the correct boxes. Provide the ***Document Identification Number*** and ***Expiration Date***, for the document checked in that column.

List A
Identity and Employment Eligibility

☐ United States Passport

☐ Certificate of United States Citizenship

☐ Certificate of Naturalization

☐ Unexpired foreign passport with attached Employment Authorization

☐ Alien Registration Card with photograph

Document Identification
_____

Expiration Date (if any)
_____

List B
Identity

☒ A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes.
(Specify State) CA)

☐ U.S. Military Card

☐ Other (Specify document and issuing authority)
_____

Document Identification
C5698666

Expiration Date (if any)
12-15-97

and

List C
Employment Eligibility

☐ Original Social Security Number Card (other than a card stating it is not valid for employment)

☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification

☐ Unexpired INS Employment Authorization
Specify form
_____

Document Identification
225-13-8288

Expiration Date (if any)
_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service

ENTERPRISE STATIONERS 7401 SUNSET L. A. CA. 90046 (213) 876-3533 270

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Commander III

Title/Position: Key Grip 2nd unit

Employee Name: Jeff Morrell

Social Security #: 079-60-5412

Telephone: (818) 788-7513

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues	5/12	37.5/12	12	—	12
Weds					
Thurs					
Fri					
Sat					
				TOTAL:	$ 375

Gross Pay: $ 375

Employee: Jeff Morrell

Approved: Pam Tuer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER 3

Title/Position: CRAFT SERVICE

Employee Name: MICHAEL FOXWORTH

Social Security #: 266 61 3338

Telephone: (818)441-0633

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds					
Thurs	5-12-94	150.00 DAY			150.00
Fri					
Sat					
				TOTAL:	150.

Gross Pay: 150.00

Employee: Michael Foxworth

Approved: Pam Auer

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Commander III

Title/Position: Mechanic

Employee Name: Mike Newman

Social Security #: 351-56-1988

Telephone: (818) 999-2624

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds	5/18/94	$500/day	8:30 6:30		
Thurs					
Fri					
Sat					
				TOTAL:	$500

Gross Pay: $500

Employee: Mike Newman

Approved: Pam Ewen

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Comm. III

Title/Position: CAM ASST

Employee Name: THOMAS KANTRUD

Social Security #: 469-38-5673

Telephone: 310-438-2351

	DATE	RATE	HOURS	O/T	TOTAL
THUR ~~Sun~~	5-12	~~275~~/10	10	.75	10.75
FRI ~~Mon~~	5-13		10	5.25	15.25
~~Tues~~					
~~Weds~~					
MON ~~Thurs~~	5-16		10	1.25	11.25
TUE ~~Fri~~	5-17		10	5.25	15.25
WED ~~Sat~~	5-18		10 7		7.0
				TOTAL:	59.5

Gross Pay: ~~1320~~ 1720.62

Employee: Thomas Kantrud

Approved: Penny Oliver

NOTE! 30.94 LUNCH HAS BEEN SUBTRACTED

275 51.56

275 26.56

275

1375.00 + 345.62

41.25 / O.T.

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Commander III

Title/Position: Production Manager

Employee Name: Pam Auer

Social Security #: _____

Telephone: _____

	DATE	RATE	HOURS	O/T	TOTAL
Sun	—				
Mon	6/16	$300			
Tues	6/17	$300			
Weds	6/18	$300			
Thurs	6/12	$300			
Fri	6/13	$300			
Sat	—				
				TOTAL:	$1500

Gross Pay: $1500

Employee: Pam Auer

Approved: _____

Walter B. Martin Jr.
2075 W. Mountain ST.
Glendale, CA 91201

INVOICE

41242

SOLD TO: Electronic Arts
ADDRESS:
CITY, STATE, ZIP:

SHIP TO: "Wing Commander III"
ADDRESS:
CITY, STATE, ZIP:

CUSTOMER ORDER NO.	SALESMAN	TERMS	F.O.B.	DATE
				5-18-94

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		Sound Equipment Package Rental for Week ending 5-18-94			$2,000 00

OK
Sam Auer
Walter B. Martin Jr.

Due & payable upon receipt.

TC5840

Walter B. Martin Jr.
2075 W. Mountain ST.
Glendale, CA 91201

INVOICE

41243

SOLD TO: Electronic Arts
ADDRESS:
CITY, STATE, ZIP:

SHIP TO: "Wing Commander III"
ADDRESS:
CITY, STATE, ZIP:

CUSTOMER ORDER NO.	SALESMAN	TERMS	F.O.B.	DATE
				5-18-94

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
Sound Expendables 4-28-94 Thru 5-18-94					
	50	Cassettes - DAT Tape @	14.00		700 00
	24	9V batteries @	2.00		48 00
	24	AA batteries @	.75		18 00
	2	Rolls 2" Gaffers Tape @	14.00		28 00
	2	Rolls 1" Gaffers Tape @	7.00		14 00
Non	~~1~~	~~Spectralite~~			~~14 00~~
					822 00
					14.100
					808.00

OK
Sam Auer

Due & Payable upon receipt

Walter B. Martin

TC5840

BILL MYER
10812 Bothwell Road
Chastworth, CA 91311
(818) 831-7700

ATT: PAM AUER

To: ELECTRONIC ARTS
1450 FASHION ISLAND DR
SAN MATEO, CA 94464 TEL - 415.513.7342

Date 5-18-94

Invoice No. WC3103

FOR SERVICES RENDERED:

SPECIAL MAKEUP CONSULTATION		
WING COMMANDER 3		
(5) FIVE SHOOTING DAYS ENDING 5-18-94		
SPECIAL RATE	$2772	00
TOTAL AMOUNT DUE	$2772	00

OK Pam Auer

Thankyou,

Bill Myer

SS #192-52-7696 FED. I.D. #95-4130299

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Boom Operator

Employee Name: Paul Coogan

Social Security #: 560-37-2782

Telephone #: 818-794-9419

	DATE	Time In/Out		HOURS (1x)	O/T (1.5x)	TOTAL		
Thurs	5/12	9.5	20.5	10.0	0.5	10.7	250	18.75
Fri	5/13	8.0	23.8	10.0	5.3	18.0	250	198.75
Sat				0.0	0.0	0.0		
Sun				0.0	0.0	0.0		
Mon	5/16	7	19	10.0	1.5	12.2	250	56.25
Tues	5/17	7	22.1	10.0	4.6	16.9	250	172.50
Weds	5/18	8.5	24.1	10.0	5.1	17.7	250	191.25
					TOTAL:	75.5	1250	637.50

Rate: $250.00/10 hours

Gross Pay: $1,887.50

1887.50

Employee: Paul Coogan

Approved: Kenny Oliver

37.50

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Production Sound Mixer

Employee Name: Walter B. Martin Jr.

Social Security #: 570-60-7999

Telephone #: 818-843-1857

	DATE	Time In/Out		HOURS (1x)	O/T (1.5x)	TOTAL		
Thurs	5/12	9.5	20.5	10.0	0.5	10.7	400	30
Fri	5/13	8.0	23.8	10.0	5.3	18.0	400	312
Sat				0.0	0.0	0.0		
Sun				0.0	0.0	0.0		
Mon	5/16	7	19	10.0	1.5	12.2	400	90
Tues	5/17	7	22.1	10.0	4.6	16.9	400	276
Weds	5/18	8.5	24.1	10.0	5.1	17.7	400	306
					TOTAL:	75.5	2000	1020

3020

Rate: $400.00/10 hours

Gross Pay: $3,020.00

Employee: Walter B Martin Jr

Approved: Sam Unser

3020
60.00

Barbara
818-709-2829

The
Gourmet Chabar
In Association With
Breakfast Rendezvous
(818) 341-8682
9525 Cozycroft Ave. Unit M, Chatsworth CA. 91311

Invoice For Catering May 17 1994

ELECTRIC ARCH Invoice #: L4373

05-20 FRI	Lunch for 60 at $10.00/person	$600.00
	Server Charge (1 Server)	$75.00
	Sub Total:	$675.00
05-19 THURS	Lunch for 60 at $10.00/person	$600.00
	Server Charge (1 Server)	$75.00
	Sub Total:	$675.00
05-18 WED	Lunch for 60 at $10.00/person	$600.00
	Server Charge (1 Server)	$75.00
	Sub Total:	$675.00
05-17 TUES	Lunch for 60 at $10.00/person	$600.00
	Server Charge (1 Server)	$75.00
	Sub Total:	$675.00
05-16 MON	Lunch for 65 at $10.00/person	$650.00
	Server Charge (1 Server)	$75.00
	Sub Total:	$725.00

Total: $3425.00

Attention JIM: Thank You Very Much!
(COD please). (On Friday May 20th, please)

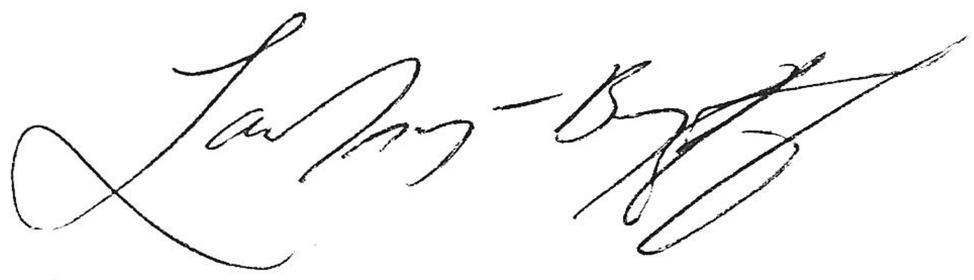
5-18-94

INVOICE FOR 1099

LAURIE TRAGEN-BOYKOFF
SS# 558-25-0938

23103 Park Terra
Calabasas, Ca. 91302

$750.00 for ten days pre-production work out of my home. Work was performed between March 21, 1994 and April 25, 1994. Show is Wing Commander III.



1099

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: SET DRESSER

Title/Position:

Employee Name: MAYA GRAFMULLER

Social Security #: 561-43-3337

Telephone: 213 462 6551

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds					
Thurs	4/28	150.00	12	FLAT	12
Fri					
Sat					

TOTAL: 12

Gross Pay: $150.00

Employee:

Approved:

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Line Producer

Employee Name: Donna Burkons

Social Security #: 527-92-9357

Telephone: _____

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	week ending 5/21/94				
Tues					
Weds					
Thurs					
Fri					
Sat					
				TOTAL:	1500

Gross Pay: _____

Employee: Donna Burkons

Approved: _____

T I M E C A R D S

AKE , REGGIE
.O.BOX 771
ieve Hills Ca 90212

Telephone 818 716-8775
SS# 580-10-8799
5/18/94
Title 728Elec.
Dl# N6403347
Claims Birth Date m-1 2-18-47

ompa ame Company # Contact
ntertainment Arts EA Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.II	Week-4	450	12	12	25	

Date	In	Out	In	Out	Total	x1.5	x 56.25	x2	x75.00	Total
Thu 5/12	9.50	15.50	16.00	20.80	10.80	0.00	0.00	0.00	0.00	450.00
Fri 5/13	8.00	14.00	14.50	23.70	15.20	3.20	180.00	0.00	0.00	630.00
Sat 5/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	7.00	13.00	13.50	20.00	12.50	0.50	28.13	0.00	0.00	478.13
Tue 5/17	7.00	13.00	13.50	22.75	15.25	3.25	182.81	0.00	0.00	632.81
Wed 5/18	8.50	14.50	15.00	24.20	15.20	3.20	180.00	0.00	0.00	630.00
					68.95	10.15	570.94	0.00	0.00	

Employee Signature

Reggie Lake

Grand Total $2,820.94

Pam Auer

T I M E C A R D S

Etheredge , Greg
12040 Redbank St.
Sun Valley Ca 91352

Telephone 818-955-3474
SS# 546-17-5146
5/18/94
Title BB GRIP
DL# N7839204
Claims Birth Date S1 9-20-61

Company Name Entertainment Arts
Company #
Contact Pam Auer

Job Name Wing Comm.II
Job Number Week -4
Rate 325
Based on 10
x1.5 10
x2 25
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 48.75	x2	x65.00	Total
Thu 5/12	9.50	15.50	16.00	20.80	10.80	0.80	39.00	0.00	0.00	364.00
Fri 5/13	8.00	14.00	14.50	23.75	15.25	5.25	255.94	0.00	0.00	580.94
Sat 5/14	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/15	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	7.00	13.00	13.50	19.25	11.75	1.75	85.31	0.00	0.00	410.31
Tue 5/17	7.00	13.00	13.50	22.75	15.25	5.25	255.94	0.00	0.00	580.94
Wed 5/18	8.50	14.50	15.00	24.20	15.20	5.20	253.50	0.00	0.00	578.50
					68.25	18.25	889.69	0.00	0.00	

Employee Signature Greg Etheredge

Grand Total $2,514.69

Pam Auer

T I M E C A R D S

Vasquez , Gus
2109 Mignon Way
Placentia Ca 92000

Telephone (714)524-3916
SS# 562-45-4692
5/18/94
Title Keygrip
Dl# N7871606
Claims Birth Date M2 10-1-61

Company Name: Entertainment Arts
Company #: EA-1
Contact: Pam Auer
Job Name: Wing Comm.III
Job Number: Week-4
Rate: $375.
Based on: 10
x1.5: 10
x2: 24
Special Rate:

Date	In	Out	In	Out	Total	x1.5	x 56.25	x2	x75.00	Total
Thu 5/12	9.50	15.50	16.00	20.80	10.80	0.80	45.00	0.00	0.00	420.00
Fri 5/13	8.00	14.00	14.50	23.70	15.20	5.20	292.50	0.00	0.00	667.50
Sat 5/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	7.00	13.00	13.50	20.00	12.50	2.50	140.63	0.00	0.00	515.63
Tue 5/17	7.00	13.00	13.50	22.75	15.25	5.25	295.31	0.00	0.00	670.31
Wed 5/18	8.50	14.50	15.00	24.20	15.20	5.20	292.50	0.00	0.00	667.50
					68.95	18.95	1065.94	0.00	0.00	

Employee Signature

X Gus Vasquez

Grand Total $2,940.94

Pam Auer

T I M E C A R D S

Brott , Shane
1205 Old Pomerdo Road.
Powa Ca. 92106

Telephone 619-679-6582
SS# 559-35-6662
Title Utility
Dl# No freakin clue
5/18/94
Claims Birth Date S-1 2/17/70

Company Name Entertainment Arts
Company # EA-1
Contact Pam Auer
Job Name Wing Comm.II
Job Number Week-4
Rate 200
Based on 12
x1.5 12
x2 25
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 25.00	x2	x33.33	Total
Thu 5/12	9.50	15.50	16.00	20.80	10.80	0.00	0.00	0.00	0.00	200.00
Fri 5/13	8.00	14.00	14.50	22.00	13.50	1.50	37.50	0.00	0.00	237.50
Sat 5/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/16	7.00	13.00	13.50	19.25	11.75	0.00	0.00	0.00	0.00	200.00
Tue 5/17	7.00	13.00	13.50	22.75	15.25	3.25	81.25	0.00	0.00	281.25
Wed 5/18	8.50	14.50	15.00	24.20	15.20	3.20	80.00	0.00	0.00	280.00
					66.50	7.95	198.75	0.00	0.00	

Employee Signature Shane Brott

Grand Total $1,198.75

Pam Auer

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: WING Commander II

Title/Position: 2nd Unit Sound Mixer

Employee Name: Mary Jo Devenney

Social Security #: 200-44-8228

Telephone: (310) 392-2637

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/16	30.75/hr.	12	—	12
Tues	5/17	"	12	—	12
~~Weds~~ Thurs	5/19	"	12	—	12
Thurs	5/12	"	12	—	12
Fri	5/13	"	12	—	12
Sat					

Gross Pay: $ ~~1075.~~ $ 1845 TOTAL: 60

Employee: Mary Jo Devenney

Approved: Pam Oliver

EQUIPMENT BY SEPARATE INVOICE #363

SOUND MIX

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: WING COMMANDER III

Title/Position: CAM. ASST

Employee Name: THOMAS KANTRUD

Social Security #: 469-38-5673

Telephone: 310-458-2351

DATE	RATE	HOURS	O/T	TOTAL
Wed Sat 5-18	275/10	—	4.0	4.0
THUR Mon 5-19		10	3.75	13.75
FRI Tues 5-20		10	1.0	11.0
Weds MON				
Thurs Tues 5-23		10	2.5	12.5
Fri Wed 5-24		10	7.0	17.0
Sat Thurs 5-25		10	4.0	14.0
			TOTAL:	72.25

NOTE: 165 HOURS ARE 4169

275 41.25

275 103.13

275 288.75

275 165.

1375 917.82

Gross Pay: @ 2292.82

Employee: [signature]

Approved: Pam Auer

#2292.82

55

41.25 OT

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: WING COMMANDER III

Title/Position: EB ELECTRIC

Employee Name: Robert Neville

Social Security #: 078-46-0033

Telephone: 387-841-0202

	DATE	RATE	HOURS	O/T	TOTAL
thu Sun	5/19	40 1/2	0		
Fri Mon	5/20		0		
Sat Tues	5/21		0		
Sun Weds	5/22		0		
Mon Thurs	5/23		12.50	.50	425 00
Tue Fri	5/24		17.50	~~7.50~~ 5.5	675 00
Wed Sat	5/25		14	2	500 00
				TOTAL:	1600 00

400 25

400 275

400 100

1000 400

Gross Pay: $1600.00 O.K.

Employee: Robert Neville

Approved: Pam Diver

$1600

Pam Diver

33.3
+16.6
49.90

61 50

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Commander III

Title/Position: Hair/Makeup

Employee Name: Tasha Sharpe

Social Security #: 572-66-2042

Telephone: (818) 224-4735

	DATE	RATE	HOURS	O/T	TOTAL
Sun	off	32.50/8		1½	
Mon	8:45 to	7:45 pm	12		
Tues	7:45 to	1am	18		
Weds	12:00 to	12pm	12	Pam adjust whatever	
5/19 Thurs	9:45 -	8:05 pm	10		
5/20 Fri	12:00 -	7:15pm	7.15mw		
Sat	off				
				TOTAL:	

260 195
260 487.50
260 195
260 97.50
23562
260

Gross Pay: $2250.62

Employee:

Approved: Pam Dixon

74 $40.75 07

$2250.62

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wings Com III

Title/Position: Craft Service

Employee Name: Laura Bagan

Social Security #: 565-45-7330

Telephone: 818 701-0857

	DATE	RATE	HOURS	O/T	TOTAL
Sun	5/22	200			200
Mon					
Tues					
Weds	Kit Rental				~~200~~ 150
Thurs					
Fri					
Sat					
				TOTAL:	~~400~~ 200

Gross Pay: ~~400~~ 200

Employee: Laura Bagan

Approved: Pam Auer

91

Pam Auer

Pam - backups for mark's checks

ELECTRONIC ARTS PRODUCTIONS, INC.
1450 FASHION ISLAND BOULEVARD
SAN MATEO, CA 94404

FIRST INTERSTATE BANK OF CALIFORNIA NO. 684
177 PARK CENTER PLAZA
P.O. BOX 1263
SAN JOSE, CA 95108-1268

1047
16-21/1220

4/29 19 94

PAY TO THE ORDER OF Craig D. Bentley

$ 596.47

Five Hundred Ninty six & 47/100 DOLLARS

TWO SIGNATURES REQUIRED FOR CHECKS OVER $10,000.00

FOR Net payroll Art Dept.

⑈00000 1047⑈ ⑆122000218⑆ 684 205327⑈ 11

ELECTRONIC ARTS PRODUCTIONS, INC.
1450 FASHION ISLAND BOULEVARD
SAN MATEO, CA 94404

FIRST INTERSTATE BANK OF CALIFORNIA NO. 684
177 PARK CENTER PLAZA
P.O. BOX 1268
SAN JOSE, CA 95108-1268

1049
16-21/1220

4/29 19 94

PAY TO THE ORDER OF Shane Middleton

$ 532.62

Five Hundred Thirtytwo & 62/100 DOLLARS

TWO SIGNATURES REQUIRED FOR CHECKS OVER $10,000.00

FOR Net payroll Art Dept.

⑈00000 1049⑈ ⑆122000218⑆ 684 205327⑈ 11

ELECTRONIC ARTS PRODUCTIONS, INC.
1450 FASHION ISLAND BOULEVARD
SAN MATEO, CA 94404

FIRST INTERSTATE BANK OF CALIFORNIA NO. 684
177 PARK CENTER PLAZA
P.O. BOX 1268
SAN JOSE, CA 95108-1268

1048
16-21/1220

4/29 19 94

PAY TO THE ORDER OF Michael Clark

$ 990.77

Nine Hundred Ninty & 77/100 DOLLARS

TWO SIGNATURES REQUIRED FOR CHECKS OVER $10,000.00

FOR Net Payroll Art Dept.

⑈00000 1048⑈ ⑆122000218⑆ 684 205327⑈ 11

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: _____

Title/Position: CARPENTER / art dept.

Employee Name: Robert Aarness

Social Security #: 556-78-0464

Telephone: (805) 264-3402

ART

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/02	87.50	HALF-DAY		
Tues	4/26	175.00			
Weds					
Thurs	4/28	175.00			
Fri	4/29	175.00			
Sat					
				TOTAL:	612.50

Gross Pay: 612.50

Employee: Robert Aarness

Approved: Pam Auer

Invoice ~~special effects~~ Apprx 25-94

Ziva Chanelle Shemesh
17359 Hatteras St
Encino ca 91316
(818) 996-3112
SS# 561-79-7775

Scenic Artist
Wing Commander

4-21-94
4-22-94 at $175.00 a day

Scenic work as per Cherie Baker

Total due $350.00
By 4-29-94

Thank you

Chanelle

need to submit thru payroll?

SET CONSTRUCTION CREW TIME CARD

Job #	Job Name	Title/Position
	WINA COMMANDER	CONST. COORD.
Employee Name	**Social Security #**	**Telephone**
MICHAEL CLARK	568-68-7305	213-917-5095

	DATE	RATE	CALL	WRAP	TOTAL
SUN					
MON					
TUES 5/13	5/5				
WEDS					
THURS	5/5	200.00			$200
FRI					
SAT					

TOTAL HRS 200.

GROSS PAY: 200.00

Employee x Michael H. Clark

Approved x Gary Chaser

LB
300 Golden Shore Blvd

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III.

Title/Position: Art Designer

Employee Name: CHerie BAKER

Social Security #: 217-54-8818

Telephone: 213-935-6653

	DATE	RATE	HOURS	O/T	TOTAL
Sun	5-8	—	1/2 DAY	No chrg	
Mon	5-9	300.00	6:45-8:00		300.00
Tues	5-10	300.00	6:15-8:30		300.00
Weds	5-11	300.00	6:00 A → ?		300.00
Thurs	5-5	300.00	15	Flat	300.00
Fri	5-6	300.00	15.5	"	300.00
Sat	5-7	—	1/2 DAY	No Chrg.	
				TOTAL:	$1500

Gross Pay: $1500

Employee: CHerie Baker. - Cherie Baker

Approved: Pam Rivera

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Art Designer

Employee Name: Cherie Baker

Social Security #: 217-54-8818

Telephone: 213-935-6653

	DATE	RATE	HOURS	O/T	TOTAL
Sun				NO O/T	
Mon	5-16	300.00	7:00A — 12:00A	17 HRS	300.00
Tues	5-17	[redacted]	1/2 DAY	6 HRS	150.00
Weds	5-18		1/2 DAY.	6 HRS	150.00
Thurs	5-12		9:30A. 11:00P	13.5	300.00
Fri	5-13		8:00A — 12:00A	16.0	300.00
Sat	~~5-19~~				
				TOTAL:	1200.00

Gross Pay: 1200.00

Employee: CherieBaker

Approved: Sam Auer

turned in 5/4

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: WC III

Title/Position: PROP MASTER

Employee Name: TAMARA CLINARD

Social Security #: On file

Telephone: ____

	DATE	RATE	HOURS	O/T	TOTAL
	—	225/10	10		—
THR	4/28		6.5/13.0-13.5/20.5 10	3.5	
FRI	4/29		6.5/13.0-13.5/20.5 10	3.5	
MON	5/2		6.5/13.0-13.5/18.5 10	1.5	
TUE	5/3		7.0/13.0-13.5/20.0 10	2.5	
WED	5/4		7.0/13.4-13.9/20.8 10	3.8	
	—				
				TOTAL:	

Gross Pay: ____

Employee: Tamara Clinard.

Approved: Sherri Baker

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WCIII

Title/Position: PROPERTY MASTER

Employee Name: TAMARA CLINARD

Social Security #: ON FILE

Telephone: —

	DATE	RATE	HOURS	O/T (straight)	TOTAL		
	—	225\10 ON FILE		22.50			112.50
THU	5/5		7.0/13.3-13.8/22.5 10	5		225	~~168.75~~
FRI	5/6		~~8.0~~/15.5-16.0/20.0 9.5	~~0~~		225	58.50
MON	5/9		7.0/13.0-13.5/20.1 10	2.6		225	~~0~~ 67.50
TUE	5/10		7.0/13.0-13.5/20.5 10	3.0		225	~~101.25~~ 114.75
WED	5/11		6.5/13.0-13.5/22.6 10	5.1		225	~~72.13~~
	—					—	—
				TOTAL:		1125	529.88
							353.25

Gross Pay: $1654.88

Employee: Tamara Clinard

Approved: Cheree Baker

Pam Chiver

~~$1654.88~~

176.63 overpaid

straight time!

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Carpenter/Dresser

Employee Name: Todd Szabo

Social Security #: 459-31-8416

Telephone: 818-985-1850

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5-9-94	200/10	12.5		
Tues	5-10-94	200/10	13.75		
Weds	5-11-94	200/10	12		
Thurs	5-5-94	200/10	10		
Fri	5-6-94	200/10	13.5		
Sat					
				TOTAL:	1352.50

Gross Pay: 1352.50

Employee: Todd Szabo

Approved: Cherie Baker

Pam Aiken

(50)
200 75
(75)
200 112.50
(40)
200 60
200 (70)
200 105
— —
1000 352.50

352.
235.
#117 overpaid

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WingCommander III

Title/Position: Set/Dresser

Employee Name: Todd Szabo

Social Security #: 459-31-8416

Telephone: 818-985-1850

	DATE	RATE	HOURS	O/T	TOTAL
Sun		200/10		30/HR	
Mon	5-11	200/10	13		
Tues	5-17	200/10	10		
Weds	5-18	200/10	10 ~~Overtime~~ To be Filled, Pam)		
Thurs	5-12	200/10	11		
Fri	5-13	200/10	12.5		
Sat					
				TOTAL:	1,000. + 195.

Gross Pay: 1,195.00

Employee: Todd Szabo

Approved: Pam Aiken

OK Cherie Baker

20
6.
120

130

SET CONSTRUCTION CREW TIME CARD

Job #	Job Name	Title/Position
	Wing Com	Carp
Employee Name	**Social Security #**	**Telephone**
Craig Benthey	320 58 9539	818 880 6912

	DATE	RATE	CALL	WRAP	TOTAL
SUN					
MON	4-25	175.00			
TUES	4-26	175.00			
WEDS					
THURS	4-28	175.00			
FRI					
SAT					525.

TOOL BOX RENTAL: _____

GROSS PAY: 525.00

Employee X Craig Benthey

Approved X Tom Lauer

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Commander

Title/Position: Set Carpenter

Employee Name: Shane Middleton

Social Security #: 542-86-7374

Telephone: (310) 392-3311 (P) (310) 587-4779

	DATE	RATE	HOURS	O/T	TOTAL
Sun	off	—			
Mon	5/9/94	150.00	8:00 AM to 8:00 PM		150.00
Tues	5/10/94	150.00	6:30 AM 8:30 PM	2 hours	175.00
Weds	5/11/94	150.00	6:00 AM to 6:00 PM		150.00
Thurs	5/5/94	150.00	7:00 AM to 7:00 PM		150.00
Fri	5/6/94	150.00	7:30 AM to 7:30 PM		150.00
Sat	off	—			
				TOTAL:	775.00

Gross Pay: $ 775.00

Employee: [signature]

Approved: [signature]
Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WCTTT

Title/Position: PROPERTY

Employee Name: TAMARA CLINARD

Social Security #: ON FILE

Telephone:

	DATE	RATE	HOURS	O/T	TOTAL		
		ON FILE					
THU	5/12	225/10	9.5/15.5-16.0/21.0 10	1		225	33.75
FRI	5/13		8.0/14.0-14.5/24.0 10	855		225	185.63
MON	5/16		7.0/13.0-13.5/17.0 10	—		225	—
TUE	5/17		6.5/13.2-13.7/20.0 10	3		225	101.25
WED	5/18		8.5/13.0-13.5/18.5 10	—		225	—
						—	—
				TOTAL:		1125	320.63

Gross Pay: $ 1445.63

Employee: Tamara Clinard

Approved: Pam Auer

33.78 OT

1072.50
536.25
93.76
12.00
430.—
688.—
870.—
132.81
62.50
267.19
345.94
106.25
694.69
801.86
25.—
180.—
445.35
67.50
70.31

$ 6,901.61

$ 7,068.

REG HOURS

30	2000
800	2000
100	750
160	800
50	2250
4500	675
1800	1000
1875	1625
375	1875
600	800
1890	250
960	135
350	600
175	1875
350	600
2500	225
1500	200
200	1500
800	375
1000	135
600	500
137.50	1125
400	450
200	375
200	250
325	250
1250	225
1067.50	22545

OVERTIME QUEBEC

ART 3725.
OT 12.

445 1100

$ 43,612.50

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing C. III

Title/Position: Sound

Employee Name: Mary Jo Devenney

Social Security #: on file

Telephone: 310-392-2637

	DATE	RATE	HOURS	O/T	TOTAL
Sun		30/HR			
Mon			1		$30.
Tues					
Weds					
Thurs					
Fri					
Sat					
				TOTAL:	$30.

Gross Pay: $30.

Employee: Mary Jo Devenney

Approved: Pam Driver

WRAP

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER 3

Title/Position: MECHANIC

Employee Name: MIKE NEWMAN

Social Security #: 351-56-1988

Telephone: (918) 999-2624

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds					
Thurs	5/27/94	$500/day	8pm-12:30am		
Fri					
Sat					
				TOTAL:	500.

Gross Pay: $500

Employee: [signature]

Approved: [signature]

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Art Department

Employee Name: Shane Middleton

Social Security #: _____

Telephone: _____

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	6/6	75			$75
Tues					
Weds					
Thurs					
Fri	6/3	75			$75
Sat					
				TOTAL:	$150

Gross Pay: $150

Employee: Shane Middleton

Approved: [signature]

WRAP

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Craft Service

Employee Name: Timothy J. Kloppenburg

Social Security #: 397-56-9654

Telephone: (818) 909-9044

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds					
Thurs	5/26	$150/day	14		$150.00
Fri					
Sat					
				TOTAL:	$150.00

Gross Pay: $150.00

Employee: Timothy J. Kloppenburg

Approved: Pam Lucas

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: PA

Employee Name: Kirsten Waryoth

Social Security #: 455-63-7646

Telephone: (310) 399-2158

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds					
Thurs	MAY 12	50.00/day			50.00
Fri					
Sat					
				TOTAL:	50.00

Gross Pay: 50.00

Employee: _____

Approved: _____

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Dir. of Photography

Employee Name: Virgil L. Harper

Social Security #: 534-44-6343

Telephone: 503-548-1126

DATE	RATE	HOURS	O/T	TOTAL
5/26				900.00
5/27				900.00
5/30				900.00
5/31				900.00
6/1				900.00

TOTAL: $4500.00

Gross Pay: $4500

Employee: Virgil L. Harper

Approved: Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Hair + Makeup

Employee Name: Lana Sharpe

Social Security #: 572-66-2042

Telephone: (818) 2244735

	DATE	RATE	HOURS	O/T	TOTAL
Sun	Off	32.50/8		48.75	
Mon	7 to 9:15	32.50	14 1/4	6 Holiday	260 +
Tues	9 - 11:~~30~~		14	6	260
Weds	10 - to wrap		Still working	4	260
Thurs	1 to 11:45		10 3/4	2 3/4	260
Fri	11 - 10:15		11 1/4	3 1/4	260
Sat	Off				
				TOTAL:	1300

O.T. + 1072.50

Gross Pay: $2372.50

Employee: Lana Sharpe

Approved: Pam Cuer

32.50
48.75

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: CAM. ASST.

Employee Name: THOMAS KANTRUD

Social Security #: 469-38-5673

Telephone: 310-438-2351

	DATE	RATE	HOURS	O/T	TOTAL
THUR	5-26	275/10	10	1.0	11.0
FRI	5-27		10	2.5	12.5
SAT					
SUN					
MON	5-30		10	4.25	14.25
TUE	5-31		10	3.5	13.50
WED	6-1		10	2.5	12.50
				TOTAL:	

NOTE! HOURS ARE MINUS LUNCH.

Gross Pay: $1911.25

Employee: Thomas Kantrud

Approved: Pam Ulmer

1375 + 536.25

27.50

11.25

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WC III

Title/Position: ART DESIGNER

Employee Name: CHERIE BAKER

Social Security #: 217-54-8818

Telephone: 213-935-6653

	DATE	RATE	HOURS	O/T	TOTAL
Sun	OFF			—	
Mon	5-30		7:00A →	none	300.00
Tues	5-31		8:45A → 10:30P	Charged	300.00
Weds	6-1		8:00A → an	↓	300.00
Thurs	5-26	300.00	11:30A →	↓	300.00
Fri	5-27		10:30 → end of shoot	↓	300.00
Sat	OFF.			—	
				TOTAL:	$1500.00

Gross Pay: $ 1500.00

Employee: Cherie Baker

Approved: Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: 2ND 2ND A.D.

Employee Name: TIA ARDRAN.

Social Security #: HSI-71-8021

Telephone: 310-822-3881

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/30/94	$60.00	WORKED		60.00
Tues	5/31/94				60.00
Weds	6/1/94				60.00
Thurs	5/26/94				60.00
Fri	5/27/94				60.00
Sat					
				TOTAL:	$300.00

Gross Pay: $300.00

Employee: Tia Ardran

Approved: Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: 2ND AD

Employee Name: Athena Alexander

Social Security #: 042-54-4540

Telephone: (310) 390-3299

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds					
Thurs	6/2/94	← WORKED		→	$200.00
Fri					
Sat					

TOTAL: $200

Gross Pay: $200

Employee: [signature]

Approved: [signature]

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: W106 COMMANDER III

Title/Position: 2ND AD

Employee Name: Athena Alexander

Social Security #: 042-54-4540

Telephone: (310) 390-3299

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/30	$200			
Tues	5/31	$200			
Weds	6/1	$200	worked		
Thurs	5/24	$200			
Fri	5/27	$200			
Sat					
				TOTAL:	$1000

Gross Pay: $1000

Employee: Athena Alexander

Approved: Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander

Title/Position: Set Dresser

Employee Name: Todd Szabo

Social Security #: 459-31-8416

Telephone: 818-985-1850

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5-30	200/10	10		200.00
Tues	5-31	200/10	10		200.00
Weds	6-1	200/10	10		200.00
Thurs					
Fri					
Sat					
				TOTAL:	$600.00

Gross Pay: 600.00

Employee: Todd Szabo

Approved: Chere Baker

Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: W. C III

Title/Position: Set Costumer

Employee Name: Gail Nanninga

Social Security #: 548.46.0395

Telephone: 310.457-3446

	DATE	RATE	HOURS	O/T	TOTAL	
~~Sun~~ Thur	5/26					
~~Mon~~ Fri	5/27	12.50	2-10:00A/11¾		137.50	137.50
~~Tues~~ Sat	5/28					
~~Weds~~ Sun	5/29					
~~Thurs~~ Mon	5/30					
~~Fri~~ Tues	5/31					
~~Sat~~ Wed	6/1	12.50	8:30—			
				TOTAL:		

Gross Pay: 137.50

Employee: Gail

Approved: Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: _____

Title/Position: Make-up

Employee Name: Dan Mink

Social Security #: 554-85-8128

Telephone: 301/473-4232

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds	5/1	200 -			200 -
Thurs					
Fri	5/17	200	12 -		200
Sat					
				TOTAL:	

Gross Pay: 400,

Employee: Dan Mink

Approved: Pam Brien

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Com III

Title/Position: Craft Service

Employee Name: Laura Bagano

Social Security #: 565-45-7330

Telephone: 818 701-0857

	DATE	RATE	HOURS	O/T	TOTAL
Sun	5/22	200			
Mon					
Tues					
Weds					
Thurs					
Fri					
Sat					
				TOTAL:	200

Gross Pay: 200

Employee: Laura Bagano

Approved: Kay Ausen

T I M E C A R D S

Brott , Shane
12057 Old Pomerdo Road.
Way Ca. 92106

Telephone 619-679-6582
SS# 559-35-6662
6/3/94
Title Utility
Dl# No freakin clue
Claims Birth Date S-1 2/17/70

Company Name: Entertainment Arts
Company #: EA-1
Contact: Pam Auer
Job Name: Wing Comm.II
Job Number: Week-7
Rate: 200
Based on: 12
x1.5: 12
x2: 25
Special Rate:

Date	In	Out	In	Out	Total	x1.5	x 25.00	x2	x33.33	Total
Thu 6/2	7.00	13.00	13.50	19.50	12.00	0.00	0.00	0.00	0.00	200.00
Fri 6/3	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 6/4	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 6/5	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 6/6	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 6/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					12.00	0.00	0.00	0.00	0.00	

Grand Total $200.00

Employee Signature

X Shane Brott

Pam Auer

T I M E C A R D S

Date Thu/6/2/94

T I M E C A R D S

Etheredge , Greg
12040 Redbank St.
n Valley Ca 91352

Telephone 818-955-3474
SS# 546-17-5146
6/2/94
Title BB GRIP
Dl# N7839204
Claims s1
Birth Date 9-20-61

Company Name Entertainment Arts
Company #
Contact Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.II	Week -7	325	10	10	25	

Date	In	Out	In	Out	Total	x1.5	x48.75	x2	x65.00	Total
Thu 6/2	7.00	13.00	13.50	17.50	10.00	0.00	0.00	0.00	0.00	325.00
Fri 6/3	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 6/4	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 6/5	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 6/6	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 6/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					10.00	0.00	0.00	0.00	0.00	

Employee Signature

X Greg Etheredge

Grand Total $325.00

Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Boom Operator

Employee Name: Paul Coogan

Social Security #: 560-37-2782

Telephone #: 818-794-9419

	DATE	Time In/Out		HOURS (1x)	O/T (1.5x)	TOTAL
Thurs	5/26	13.0	24.5	10.0	1.0	11.5
Fri	5/27	11.5	23.4	10.0	1.4	12.1
Sat				0.0	0.0	0.0
Sun				0.0	0.0	0.0
Mon	5/30	7.0	21.5	10.0	4.0	16.0
Tues	5/31	9.0	23.0	10.0	3.5	15.2
Weds	6/1	10.5	22.6 ~~22.6~~	10	1.6 ~~2.6~~	12.4
				TOTAL:		67.2

Rate: $250.00/10 hours

Gross Pay: $ 1680.00

Employee: Paul Coogan

Approved: Jim Glover

1.6 x1.5 80 80 160 240

67.2 25 3360 3360 13440 13440 1680 1680

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Production Sound Mixer

Employee Name: Walter B. Martin Jr.

Social Security #: 570-60-7999

Telephone #: 818-843-1857

	DATE	Time In/Out		HOURS (1x)	O/T (1.5x)	TOTAL
Thurs	5/26	13.0	24.5	10.0	1.0	11.5
Fri	5/27	11.5	23.4	10.0	1.4	12.1
Sat				0.0	0.0	0.0
Sun				0.0	0.0	0.0
Mon	5/30	7.0	21.5	10.0	4.0	16.0
Tues	5/31	9.0	23.0	10.0	3.5	15.2
Weds	6/1	10.5	23.4	10.0	1.6	12.1
					TOTAL:	67.9

Rate: $400.00/10 hours

Gross Pay: $ 2,687.60

Employee: Walter B Martin

Approved: Pam Lucas

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER 3

Title/Position: SCRIPT SUPERVISOR

Employee Name: KATE LEWIS

Social Security #: 575-60-9261

Telephone: 310/452 9044

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/30	400	700A - 1000P / 14.5	4.5 = 270	670
Tues	5/31	400	900A - 1130P / 14.0	4.0 = 240	640
Weds	6/1	400	930A - 1015P / 12.25	2.25 = 135	535
Thurs	5/26	400	100P - 1230A / 11.0	1.0 = 60	460
Fri	5/27	400	1130A - 1245A / 12.75	2.75 = 165	565
Sat		2000.00		870	2870
				TOTAL:	2870.00

Gross Pay: 2,870.00

Employee: Kate Lew

Approved: Pam Meier

T I M E C A R D S

Blakemore , Stephenie
Telephone 310-376-6724 SS# 160-40-0169 6/1/94
2825 Manhatten Ave.
Title Dl# Claims Birth Date
rmosa Ca 90254 Elect C 2343103 ex98 S-9 4-2-55

Company Name: Entertainment Arts
Company #:
Contact: Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.III	Week -6	250	12	12	25	

Date	In	Out	In	Out	Total	x1.5	x 31.25	x2	x41.67	Total
Thu 5/26	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/27	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	7.00	13.00	13.50	21.75	14.25	2.25	70.31	0.00	0.00	320.31
Tue 5/31	9.00	15.00	15.50	23.00	13.50	1.50	46.88	0.00	0.00	296.88
Wed 6/1	9.00	15.00	15.50	22.00	12.50	0.50	15.63	0.00	0.00	265.63
					40.25	4.25	132.81	0.00	0.00	

Employee Signature

X Stephanie Blakemore

Grand Total $882.81

Pam Auer

1993 Form W-4

ELECT

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919, Is My Withholding Correct for 1993?**, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A ____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B ____
C	Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C ____
D	Enter number of **dependents** (other than your spouse or yourself) whom you will claim on your tax return	D ____
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household,** above)	E ____
F	Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit	F ____
G	Add lines A through F and enter total here. **Note:** *This amount may be different from the number of exemptions you claim on your return* ►	G ____

For accuracy, do all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

---------- Cut here and give the certificate to your employer. Keep the top portion for your records. ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: STEPHENIE E
Last name: BLAKEMORE
2 Your social security number: 160-40-0169

Home address (number and street or rural route): 2825 MANHATTAN AVE
City or town, state, and ZIP code: HERMOSA BEACH CA 90254

3 [X] Single [ ] Married [ ] Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information ► [ ]

5	Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)	5 9
6	Additional amount, if any, you want withheld from each paycheck	6 $ 1
7	I claim exemption from withholding for 1993 and I certify that I meet **ALL** of the following conditions for exemption: • Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND** • This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND** • This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter "EXEMPT" here ►	7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ► Stephenie Blakemore Date ► MAY 31 , 19 94

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number

ENTERPRISE PRINTERS & STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398

310-376-6724 HOME 310-718-6742 - PAGER

EMPLOYMENT ELIGIBILITY VERIFICATION

I-9

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
BLAKEMORE	STEPHENIE	E	

Address: Street Name and Number	City	State	ZIP Code
2825 MANHATTAN AVE.	HERMOSA BEACH,	CA	90254

Date of Birth (Month Day Year)	Social Security Number
4-2-55	160-40-0169

I attest, under penalty of perjury, that I am (check a box):

- ☑ A citizen or national of the United States.
- ☐ An alien lawfully admitted for permanent residence (Alien Number A _____).
- ☐ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
Stephenie E Blakemore	

PREPARER TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	City	State	Zip Code

2 **EMPLOYER REVIEW AND VERIFICATION:** (To be completed and signed by employer.)

Examine one document from those in List A and check the correct box, ***or*** examine one document from List B ***and*** one from List C and check the correct boxes. Provide the ***Document Identification Number*** and ***Expiration Date,*** for the document checked in that column.

List A Identity and Employment Eligibility		List B Identity	**and**	List C Employment Eligibility
☐ United States Passport		☒ A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) CALIFA		☒ Original Social Security Number Card (other than a card stating it is not valid for employment)
☐ Certificate of United States Citizenship		☐ U.S. Military Card		☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
☐ Certificate of Naturalization		☐ Other (Specify document and issuing authority)		☐ Unexpired INS Employment Authorization Specify form
☐ Unexpired foreign passport with attached Employment Authorization				#
☐ Alien Registration Card with photograph				
Document Identification		*Document Identification*		*Document Identification*
#		# C-2343103		# 160-40-0169
Expiration Date (if any)		*Expiration Date (if any)*		*Expiration Date (if any)*
		4-2-98		NONE

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service

ENTERPRISE STATIONERS 7401 SUNSET L.A. CA. 90046 (213) 876-3533 270

T I M E C A R D S

Mabry , Brett
28302 Bonnie View Dr.
Canyon Ca 91351

Telephone 805-251-9121
SS# 530-98-9451
6/1/94
Title Elect
Dl# A 47351106
Claims Birth Date S-9 4/26/65

Company Name Wing Comm.III
Company #
Contact Pam Auer
Job Name Forgotten Time
Job Number Card Week -5
Rate 250
Based on 12
x1.5 12
x2 25
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 31.25	x2	x41.67	Total
Thu 5/26	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/27	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/31	9.00	15.00	15.50	23.00	13.50	1.50	46.88	0.00	0.00	296.88
Wed 6/1	9.00	15.00	15.50	22.00	12.50	0.50	15.63	0.00	0.00	265.63
					26.00	2.00	62.50	0.00	0.00	

Employee Signature
X Brett Mabry

Grand Total $562.50

Pam Auer

TIME CARDS

LAKE , REGGIE
P.O.BOX 771
BeverlyHills Ca 90212

Telephone 818 716-8775
SS# 580-10-8799
6/1/94
Title 728Elec.
Dl# N6403347
Claims Birth Date m-1 2-18-47

Company Name: Entertainment Arts
Company #: EA
Contact: Pam Auer
Job Name: Wing Comm.II
Job Number: Week-5
Rate: 450
Based on: 12
x1.5: 12
x2: 25
Special Rate:

Date	In	Out	In	Out	Total	x1.5	x 56.25	x2	x 75.00	Total
Thu 5/26	13.00	19.00	19.50	25.50	12.00	0.00	0.00	0.00	0.00	450.00
Fri 5/27	11.50	17.50	18.00	24.50	12.50	0.50	28.13	0.00	0.00	478.13
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	7.00	13.00	13.50	21.75	14.25	2.25	126.56	0.00	0.00	576.56
Tue 5/31	9.00	15.00	15.50	23.00	13.50	1.50	84.38	0.00	0.00	534.38
Wed 6/1	9.00	15.00	15.50	22.00	12.50	0.50	28.13	0.00	0.00	478.13
					64.75	4.75	267.19	0.00	0.00	

Employee Signature

X Reggie Lake

Grand Total $2,517.19

Pam Auer

T I M E C A R D S

Young Jr. , Russell ,James
1723 Kingsley Dr
Hollywood Ca 90027

Telephone 213-462-8753
SS# 556-13-6156
6/1/94
Title 80grip
Dl# N2406318 (98)
Claims Birth Date s-1/ 8-25-56

Company Name: Entertainment Arts
Company #: EA-1
Contact: Pam Auer
Job Name: Commander III
Job Number: Week-6
Rate: 225
Based on: 10
x1.5: 10
x2: 25
Special Rate:

Date	In	Out	In	Out	Total	x1.5	x 33.75	x 2	x 45.00	Total
Thu 5/26	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/27	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	7.00	13.00	13.50	21.75	14.25	4.25	143.44	0.00	0.00	368.44
Tue 5/31	9.00	15.00	15.50	23.00	13.50	3.50	118.13	0.00	0.00	343.13
Wed 6/1	9.00	15.00	15.50	22.00	12.50	2.50	84.38	0.00	0.00	309.38
					40.25	10.25	345.94	0.00	0.00	

Grand Total $1,020.94

Employee Signature

X Jamie Young

Pam Auer

T I M E C A R D S

Brott , Shane
12057 Old Pomerdo Road.
Poway Ca. 92106

Telephone 619-679-6582
SS# 559-35-6662
6/1/94
Title Utility
Dl# No freakin clue
Claims Birth Date S-1 2/17/70

Company Name Entertainment Arts
Company # EA-1
Contact Pam Auer
Job Name Wing Comm.II
Job Number Week-6
Rate 200
Basedon 12
x1.5 12
x2 25
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 25.00	x 2	x 33.33	Total
Thu 5/26	13.00	19.00	19.50	25.50	12.00	0.00	0.00	0.00	0.00	200.00
Fri 5/27	11.50	17.50	18.00	24.00	12.00	0.00	0.00	0.00	0.00	200.00
Sat 5/28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	7.00	13.00	13.50	21.75	14.25	2.25	56.25	0.00	0.00	256.25
Tue 5/31	9.00	15.00	15.50	23.00	13.50	1.50	37.50	0.00	0.00	237.50
Wed 6/1	9.00	15.00	15.50	22.00	12.50	0.50	12.50	0.00	0.00	212.50
					64.25	4.25	106.25	0.00	0.00	

Employee Signature
X Brott

Grand Total $1,106.25

Pam Auer

T I M E C A R D S

Etheredge , Greg
12040 Redbank St.
Sun Valley Ca 91352

Telephone 818-955-3474
SS# 546-17-5146
6/1/94
Title BB GRIP
Dl# N7839204
Claims s1
Birth Date 9-20-61

Company Name: Entertainment Arts
Company #
Contact: Pam Auer
Job Name: Wing Comm.II
Job Number: Week -6
Rate: 325
Based on 10
x1.5 10
x2 25
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 48.75	x 2	x 65.00	Total
Thu 5/26	13.00	19.00	19.50	25.00	11.50	1.50	73.13	0.00	0.00	398.13
Fri 5/27	11.50	17.50	18.00	24.50	12.50	2.50	121.88	0.00	0.00	446.88
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	7.00	13.00	13.50	21.75	14.25	4.25	207.19	0.00	0.00	532.19
Tue 5/31	9.00	15.00	15.50	23.00	13.50	3.50	170.63	0.00	0.00	495.63
Wed 6/1	9.00	15.00	15.50	22.00	12.50	2.50	121.88	0.00	0.00	446.88
					64.25	14.25	694.69	0.00	0.00	

Employee Signature
X Greg Etheredge

Grand Total $2,319.69

Pam Auer

T I M E C A R D S

Vasquez , Gus
2109 Mignon Way
Placentia Ca 92000

Telephone (714)524-3916
SS# 562-45-4692
6/1/94
Title Keygrip
Dl# N7871606
Claims Birth Date M2 10-1-61

Company Name Entertainment Arts
Company # EA-1
Contact Pam Auer
Job Name Wing Comm.III
Job Number Week-6
Rate $375.
Based on 10
x1.5 10
x2 24
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 56.25	x2	x 75.00	Total
Thu 5/26	13.00	19.00	19.50	25.00	11.50	1.50	84.38	0.00	0.00	459.38
Fri 5/27	11.50	17.50	18.00	24.50	12.50	2.50	140.63	0.00	0.00	515.63
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	7.00	13.00	13.50	21.75	14.25	4.25	239.06	0.00	0.00	614.06
Tue 5/31	9.00	15.00	15.50	23.00	13.50	3.50	196.88	0.00	0.00	571.88
Wed 6/1	9.00	15.00	15.50	22.00	12.50	2.50	140.63	0.00	0.00	515.63
					64.25	14.25	801.56	0.00	0.00	

Grand Total $2,676.56

Employee Signature

X Gus Vasquez

Pam Auer

T I M E C A R D S

Neville , Robert
1337 N. Fairview St.
Burbank , Ca 91505

Telephone 818 841-0202
SS# 078-46-0033
6/1/94
Title 728Elec.
DI# U 3036362 (97)
Claims Birth Date 6-17-62

Company Name: Entertainment Arts
Company # EA
Contact: Pam Auer
Job Name: Wing Comm.II
Job Number: Week-5
Rate: 400
Based on: 12
x1.5: 12
x2: 24
Special Rate:

Date	In	Out	In	Out	Total	x1.5	x 50.00	x 2	x 66.67	Total
Thu 5/26	13.00	19.00	19.50	25.50	12.00	0.00	0.00	0.00	0.00	400.00
Fri 5/27	11.50	17.50	18.00	24.50	12.50	0.50	25.00	0.00	0.00	425.00
Sat 5/28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/31	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/1	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					24.50	0.50	25.00	0.00	0.00	

Grand Total $825.00

Employee Signature
X Robert Neville

Pam Auer

T I M E C A R D S

Mabry , Brett
28302 Bonnie View Dr.
nyon Ca 91351

Telephone 805-251-9121
SS# 530-98-9451
6/1/94
Title Elect
Dl# A 47351106
Claims Birth Date S-9 4/26/65

Company Name Wing Comm.III
Company #
Contact Pam Auer

Job Name Forgotten Time
Job Number Card Week -5
Rate 250
Based on 12
x1.5 12
x2 25
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 31.25	x2	x 41.67	Total
Mon 5/23	7.00	13.00	13.50	19.50	12.00	0.00	0.00	0.00	0.00	250.00
Tue 5/24	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 5/25	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Thu 5/26	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/27	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					12.00	0.00	0.00	0.00	0.00	

Employee Signature
X Brett Mabry

Grand Total $250.00

Missing Time Card 5/23/94

Pam Auer

T I M E C A R D S

MOODY , Scott
7860 Lasaine Ave.
Nuys Ca 91325

Telephone 818-344-4438
SS# 551-75-8519
6/1/94

Title GRIP
Dl# C 5067376
Claims Birth Date M-5 5/15/68

Company Name: Entertainment Arts
Company #
Contact: Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.III	Week -6	135	6	6	25	

Date	In	Out	In	Out	Total	x1.5	x 33.75	x2	x 45.00	Total
Thu 5/26	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/27	11.50	0.00	0.00	17.50	6.00	0.00	0.00	0.00	0.00	135.00
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/31	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/1	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					6.00	0.00	0.00	0.00	0.00	

Employee Signature
X Scott Moody

Grand Total $135.00

- went home, sick @ Lunch
see Kevin O'Brien's Time Card for
5/26/94 18. - 24. (6 hours)

Pam Auer

EMPLOYMENT ELIGIBILITY VERIFICATION

GRIP

I-9

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
Moody	Scott	A.	
Address: Street Name and Number	**City**	**State**	**ZIP Code**
7860 Lasaine Ave	Northridge	Ca	91325
Date of Birth (Month Day Year)		**Social Security Number**	
5/15/68		551-75-8519	

I attest, under penalty of perjury, that I am (check a box):

☑ A citizen or national of the United States.

☐ An alien lawfully admitted for permanent residence (Alien Number A _____).

☐ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ , or Admission Number _____ , expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month Day Year)
SM	5/27/94

PREPARER TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	**City**	**State**	**Zip Code**

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from those in List A and check the correct box, ***or*** examine one document from List B ***and*** one from List C and check the correct boxes. Provide the ***Document Identification Number*** and ***Expiration Date,*** for the document checked in that column.

List A
Identity and Employment Eligibility

☐ United States Passport

☐ Certificate of United States Citizenship

☐ Certificate of Naturalization

☐ Unexpired foreign passport with attached Employment Authorization

☐ Alien Registration Card with photograph

Document Identification

_____

Expiration Date (if any)

_____

List B
Identity

and

☑ A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes.
(Specify State) C5067376 Calif.

☐ U.S. Military Card

☐ Other (Specify document and issuing authority)

_____

Document Identification

C5067376

Expiration Date (if any)

5/5/96

List C
Employment Eligibility

☐ Original Social Security Number Card (other than a card stating it is not valid for employment)

☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification

☐ Unexpired INS Employment Authorization
Specify form
_____

Document Identification

551-75-8519

Expiration Date (if any)

_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
SM	Scott Moody	
Employer Name	**Address**	**Date**
7860 Lasaine Ave	Northridge Ca	5/27/94

OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service

pgr. 592-5644

1993 Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919, Is My Withholding Correct for 1993?**, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A	1
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B	1
C	Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C	1
D	Enter number of **dependents** (other than your spouse or yourself) whom you will claim on your tax return	D	2
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household,** above)	E	
F	Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit	F	1
G	Add lines A through F and enter total here. **Note:** *This amount may be different from the number of exemptions you claim on your return* ▶	G	5

For accuracy, do all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

---------- **Cut here and give the certificate to your employer. Keep the top portion for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **For Privacy Act and Paperwork Reduction Act Notice, see reverse.**

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: Scott Moody
Last name:
Home address (number and street or rural route): 7860 Lasaine Ave
City or town, state, and ZIP code: Northridge Ca 91325

2 Your social security number: 551-75-5519

3 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information . . . ▶ ☐

5	Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)	5
6	Additional amount, if any, you want withheld from each paycheck	6 $ ¢
7	I claim exemption from withholding for 1993 and I certify that I meet **ALL** of the following conditions for exemption: • Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND** • This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND** • This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter "EXEMPT" here ▶	7 ¢

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ [signature] Date ▶ 5/27, 19 94

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number

ENTERPRISE PRINTERS & STATIONERS 7401 · SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ____

Job Name: WING COMMANDER III

Title/Position: CRAFT SERVICE

Employee Name: LAUERNE FLOWERS

Social Security #: 612-03-8646

Telephone: 213- 653-1855

	DATE	RATE	HOURS	O/T ~~2X~~	TOTAL
Sun				1½ 12	
Mon					
Tues	6-3-94	20/12 ~~$10.67/HR~~	15	3	200+
Weds	6-01-94	" 12 HRS	15	3	200+
Thurs	6-02-94	" 12 HRS	12	—	200+
Fri					
Sat					

TOTAL: 600. + 180.

18 miles
25 miles
15 mi

58 @ .29¢ = $16.82

Gross Pay: $780.00

Employee: Flowers

Approved: Sam Auer

EMPLOYMENT ELIGIBILITY VERIFICATION

I-9

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
FLOWERS	LAUERNE	AVIVA VAN	WYK

Address: Street Name and Number	City	State	ZIP Code
637 N CURSON AVE	LA	CA	90036

Date of Birth (Month Day Year)	Social Security Number
04. 04. 59	612-03-8646

I attest, under penalty of perjury, that I am (check a box):

☐ A citizen or national of the United States.

☒ An alien lawfully admitted for permanent residence (Alien Number A 071574465).

☐ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month Day/ Year)
L. Flowers	06-02-96

PREPARER TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	**City**	**State**	**Zip Code**

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from those in List A and check the correct box, ***or*** examine one document from List B ***and*** one from List C and check the correct boxes. Provide the ***Document Identification Number*** and ***Expiration Date,*** for the document checked in that column.

List A Identity and Employment Eligibility		List B Identity	**and**	List C Employment Eligibility
☐ United States Passport		☐ A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State)_____		☐ Original Social Security Number Card (other than a card stating it is not valid for employment)
☐ Certificate of United States Citizenship		☐ U.S. Military Card		☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
☐ Certificate of Naturalization		☐ Other (Specify document and issuing authority)		☐ Unexpired INS Employment Authorization Specify form
☐ Unexpired foreign passport with attached Employment Authorization		_____		# _____
☒ Alien Registration Card with photograph		***Document Identification***		***Document Identification***
Document Identification		# _____		# _____
# A071574465		***Expiration Date (if any)***		***Expiration Date (if any)***
Expiration Date (if any)		_____		_____
08-26-02				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	**Address**	**Date**

OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service

ENTERPRISE STATIONERS 7401 SUNSET L. A. CA. 90046 (213) 876-3533 270

1993 Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919**, Is My Withholding Correct for 1993?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A ____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B ____
C	Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C ____
D	Enter number of **dependents** (other than your spouse or yourself) whom you will claim on your tax return	D ____
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household,** above)	E ____
F	Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit	F ____
G	Add lines A through F and enter total here. **Note:** *This amount may be different from the number of exemptions you claim on your return* ►	G ____

For accuracy, do all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

---------- Cut here and give the certificate to your employer. Keep the top portion for your records. ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: LAVERNE A Last name: FLOWERS

2 Your social security number: 617-03-9648

Home address (number and street or rural route): 637 N CURSON AVE

3 [X] Single [ ] Married [ ] Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

City or town, state, and ZIP code: LA CA 90036

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information ► [ ]

5	Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)	5 4
6	Additional amount, if any, you want withheld from each paycheck	6 $
7	I claim exemption from withholding for 1993 and I certify that I meet **ALL** of the following conditions for exemption: • Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND** • This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND** • This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter "EXEMPT" here ►	7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ► LaVerne Flowers Date ► 06-02, 19 94

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number

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Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Wardrobe

Employee Name: Mary Paxton

Social Security #: 508-58-8376

Telephone: (818)249-1247

	DATE	RATE	HOURS	O/T	TOTAL		
Sun		$375/12hr day					
Mon	5/30		6:30A - 10:00P	3.0	15.0	375	140.64
Tues	5/31		8:00A - 11:00P	2.5	14.5	375	117.20
Weds	6/1		8:00A - 8:30P	[illegible]	12.0	375	—
Thurs	5/26		12:00P - 12:30A		12.0	375	—
Fri	5/27		11:00A - 1:00A	1.5	13.5	375	70.32
Sat			from WED 5/25	2.5			117.19
				TOTAL:	69.5	1875	445.35

Gross Pay: $ 352035

Employee: Mary E Paxton

Approved: [signature]

+ 2.5 (O.T. from 5/25/94)

9.5 O.T hrs

4633 OT

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Craft Service / Wing Commander III

Title/Position: Craft Service

Employee Name: JUANA MARTINEZ

Social Security #: 562-95-2806

Telephone: (818) 899-1220

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/16	$150	14		
~~Tues~~ Friday	5/20	$150	14		
Weds					
[redacted] Monday	5/23	$150	14		
Fri	5/27	$150	14		
Sat					
				TOTAL:	600

Gross Pay: _____

Employee: Juana Martinez

Approved: [signature]

T I M E C A R D S

Espiritusanto , Fernando | Telephone | SS# 64-52-0969 | 6/1/94

1981 Cresent Dr.

ng Ca 90804 | Title: grip | Dl# B5312850(98) | Claims Birth Date 1/0 8-25-56

Company Name: Entertainment Arts | Company#: EA-1 | Contact: Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Commander III	Week-6	225	10	10	25	

Date	In	Out	In	Out	Total	x1.5	x 33.75	x2	x45.00	Total
Thu 5/26	13.00	19.00	19.50	25.50	12.00	2.00	67.50	0.00	0.00	292.50
Fri 5/27	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/31	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/1	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					12.00	2.00	67.50	0.00	0.00	

Employee Signature

X Fernando Espiritusanto

Grand Total $292.50

Pam Auer

1993 Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919, Is My Withholding Correct for 1993?**, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A 1
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B —
C	Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C 1
D	Enter number of **dependents** (other than your spouse or yourself) whom you will claim on your tax return	D —
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household,** above)	E 1
F	Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit	F —
G	Add lines A through F and enter total here. **Note:** *This amount may be different from the number of exemptions you claim on your return* ►	G 3

For accuracy, do all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

---------- **Cut here and give the certificate to your employer. Keep the top portion for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **For Privacy Act and Paperwork Reduction Act Notice, see reverse.**

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: FERNANDO E	Last name: ESPIRITUSANZO	2 Your social security number: 611 52 0969
Home address (number and street or rural route): 1981 CRESCENT DR.		3 ☐ Single ☑ Married ☐ Married, but withhold at higher Single rate. Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*
City or town, state, and ZIP code: SIGNAL HILL, CA. 90804		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information ► ☐

5	Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)	5 3
6	Additional amount, if any, you want withheld from each paycheck	6 $ —
7	I claim exemption from withholding for 1993 and I certify that I meet **ALL** of the following conditions for exemption: • Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND** • This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND** • This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter "EXEMPT" here ►	7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ► [signature] **Date** ► 5-26, 1994

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number

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EMPLOYMENT ELIGIBILITY VERIFICATION

I-9

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
ESPIRITUSANTO	FERNANDO		
Address: Street Name and Number	**City**	**State**	**ZIP Code**
1981 CRESCENT DR	SIGNAL HILL	CA	90804
Date of Birth (Month Day Year)		**Social Security Number**	
01/07/60		611 52 0969	

I attest, under penalty of perjury, that I am (check a box):

- ☐ A citizen or national of the United States.
- ☐ An alien lawfully admitted for permanent residence (Alien Number A _____).
- ☑ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A 674089781.02 or Admission Number _____ . expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month Day Year)
[signature]	5/26/94

PREPARER TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	**City**	**State**	**Zip Code**

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from those in List A and check the correct box, ***or*** examine one document from List B ***and*** one from List C and check the correct boxes. Provide the ***Document Identification Number*** and ***Expiration Date,*** for the document checked in that column.

List A Identity and Employment Eligibility		List B Identity	**and**	List C Employment Eligibility
☐ United States Passport		☑ A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) CA		☑ Original Social Security Number Card (other than a card stating it is not valid for employment)
☐ Certificate of United States Citizenship		☐ U.S. Military Card		☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
☐ Certificate of Naturalization		☐ Other (Specify document and issuing authority)		☐ Unexpired INS Employment Authorization Specify form
☐ Unexpired foreign passport with attached Employment Authorization				#
☐ Alien Registration Card with photograph				
Document Identification		***Document Identification***		***Document Identification***
#		# B5312850		# 611 52 0969
Expiration Date (if any)		***Expiration Date (if any)***		***Expiration Date (if any)***
		01-07-98		

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	**Address**	**Date**

OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service

Crew Time Sheet

Check off if first time card: ✓

If so, enclose W-4 & I-9: ✓

Job Name: Wing Commander III

Title/Position: Craft Service

Employee Name: Roxane Queen

Social Security #: 573-83-8057

Telephone: 310-820-1641

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/30	200	flat		200
Tues					
Weds					
Thurs					
Fri					
Sat					
				TOTAL:	

Gross Pay: 200

Employee: Roxane Queen

Approved: Pam Lucas

1993 Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919, Is My Withholding Correct for 1993?**, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A ____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less. . . B ____

C Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) . . . . . C ____

D Enter number of **dependents** (other than your spouse or yourself) whom you will claim on your tax return . . . . . D ____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household,** above) . E ____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F ____

G Add lines A through F and enter total here. **Note:** *This amount may be different from the number of exemptions you claim on your return* ▶ G ____

For accuracy, do all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

---------- **Cut here and give the certificate to your employer. Keep the top portion for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: Roxane — Last name: Cuer

2 Your social security number: 573-83-8057

Home address (number and street or rural route): 1710 Grandville

City or town, state, and ZIP code: L.A. Calif. 90025

3 [X] Single [ ] Married [ ] Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information . . . ▶ [ ]

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) . 5 9

6 Additional amount, if any, you want withheld from each paycheck . . . . . 6 $

7 I claim exemption from withholding for 1993 and I certify that I meet **ALL** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND**
- This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter "EXEMPT" here . . . . . ▶ 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ Roxane Cuer — Date ▶ June 1, 19 94

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)

9 Office code (optional)

10 Employer identification number

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EMPLOYMENT ELIGIBILITY VERIFICATION

I-9

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
AUER,	ROXANE,	R	
Address: Street Name and Number	City	State	ZIP Code
1710 GRANDVILLE,	L.A. CALIF.	90025	
Date of Birth (Month, Day, Year)		Social Security Number	
AUG 23 1972		573-83-8057	

I attest, under penalty of perjury, that I am (check a box):

- ☐ A citizen or national of the United States.
- ☐ An alien lawfully admitted for permanent residence (Alien Number A _____).
- ☐ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____ . expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month, Day, Year)

PREPARER TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	City	State	Zip Code

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from those in List A and check the correct box, *or* examine one document from List B *and* one from List C and check the correct boxes. Provide the *Document Identification Number* and *Expiration Date*, for the document checked in that column.

List A
Identity and Employment Eligibility

- ☐ United States Passport
- ☐ Certificate of United States Citizenship
- ☐ Certificate of Naturalization
- ☐ Unexpired foreign passport with attached Employment Authorization
- ☐ Alien Registration Card with photograph

Document Identification
_____

Expiration Date (if any)
_____

List B
Identity

A17626 46

- ☒ A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes.
  (Specify State) _____)
- ☐ U.S. Military Card
- ☐ Other (Specify document and issuing authority)
  _____

Document Identification
A1762646

Expiration Date (if any)
8-23-96

and

List C
Employment Eligibility

- ☒ Original Social Security Number Card (other than a card stating it is not valid for employment)
- ☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
- ☐ Unexpired INS Employment Authorization
  Specify form
  # _____

Document Identification
573-83-8057

Expiration Date (if any)
_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
Roxane Auer	ROXANE AUER	CRAFT SERVICE
Employer Name	Address	Date

OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Production Manager

Employee Name: Pam Aver

Social Security #: _____

Telephone: _____

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/30	300			300
Tues	5/31	300			300
Weds	6/1	300			300
Thurs	5/26	300			300
Fri	5/27	300			300
Sat					~~300~~
				TOTAL:	$1500

Gross Pay: $1500

Employee: Pam Aver

Approved: Pam Aver

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Production Assistant

Employee Name: JAMES A. CARP

Social Security #: 465-85-0073

Telephone: 310-454-9716

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/30	75	—	—	75
Tues	5/31	75	—	—	75
Weds	6/1	75	—	—	75
Thurs	5/26	75	—	—	75
Fri	5/27	75	—	—	75
Sat					
				TOTAL:	$ 375

Gross Pay: @ 375

Employee: James Carp

Approved: Patricia

T I M E C A R D S

O'Brien , Kevin
12026 Neenach St.
'n Valley Ca 91352

Telephone 818-767-2124
SS# 560-37-8819
6/1/94
Title GRIP
Dl# A6650199 ex96
Claims Birth Date S-9 2-11-73

Company Name: Entertainment Arts
Company #:
Contact: Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.III	Week -6	135	6	6	25	

Date	In	Out	In	Out	Total	x1.5	x 33.75	x2	x 45.00	Total
Thu 5/26	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/27	18.00	0.00	0.00	24.00	6.00	0.00	0.00	0.00	0.00	135.00
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 5/31	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/1	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					6.00	0.00	0.00	0.00	0.00	

Employee Signature

X Kevin O'Brien

Grand Total $135.00

Pam Auer

1993 Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919, Is My Withholding Correct for 1993?**, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A ____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less. . . B ____

C Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) . . . . . C ____

D Enter number of **dependents** (other than your spouse or yourself) whom you will claim on your tax return . . . . . D ____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household,** above) . E ____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F ____

G Add lines A through F and enter total here. **Note:** *This amount may be different from the number of exemptions you claim on your return* ▶ G ____

For accuracy, do all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

---------- Cut here and give the certificate to your employer. Keep the top portion for your records. ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: KEVIN P
Last name: OBRIEN
2 Your social security number: 560-37-8819

Home address (number and street or rural route): 12026 Neenach St.
City or town, state, and ZIP code: Sun Valley, CA 91352.

3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information . . . . ▶ ☐

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) . 5 9

6 Additional amount, if any, you want withheld from each paycheck . . . . . 6 $

7 I claim exemption from withholding for 1993 and I certify that I meet **ALL** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND**
- This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter "EXEMPT" here . . . . . ▶ 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ Kevin OBrien Date ▶ 5/27/ 1994

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)

9 Office code (optional)

10 Employer identification number

ENTERPRISE PRINTERS & STATIONERS 7401 SUNSET BLVD., LOS ANGELES CA. 90046 (213)876-3531 FAX (213)876-4398

EMPLOYMENT ELIGIBILITY VERIFICATION

I-9

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
OBRIEN	KEVIN	D	

Address: Street Name and Number	City	State	ZIP Code
12026 Neenach St		CA	91352.

Date of Birth (Month Day Year)	Social Security Number
2-11-73	560-37-8819

I attest, under penalty of perjury, that I am (check a box):

☑ A citizen or national of the United States.

☐ An alien lawfully admitted for permanent residence (Alien Number A _____).

☐ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ , or Admission Number _____ . expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/ Day/ Year)
Kevin OBrien	5/27/94

PREPARER TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	**City**	**State**	**Zip Code**

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from those in List A and check the correct box, ***or*** examine one document from List B ***and*** one from List C and check the correct boxes. Provide the ***Document Identification Number*** and ***Expiration Date,*** for the document checked in that column.

List A
Identity and Employment Eligibility

☐ United States Passport

☐ Certificate of United States Citizenship

☐ Certificate of Naturalization

☐ Unexpired foreign passport with attached Employment Authorization

☐ Alien Registration Card with photograph

Document Identification

_____

Expiration Date (if any)

_____

List B
Identity

and

☑ A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes.
(Specify State) A6650199 (CA)

☐ U.S. Military Card

☐ Other (Specify document and issuing authority)

_____

Document Identification

A6650199

Expiration Date (if any)

2-11-97

List C
Employment Eligibility

☑ Original Social Security Number Card (other than a card stating it is not valid for employment)

☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification

☐ Unexpired INS Employment Authorization
Specify form
_____

Document Identification

560-37-8819

Expiration Date (if any)

_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
Kevin OBrien	Kevin OBrien	

Employer Name	Address	Date
		5/27/94

OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service

ENTERPRISE STATIONERS 7401 SUNSET L. A. CA 90046 (213) 876-3533 270

T I M E C A R D S

BOWLEY , Andrew
Telephone 310-823-1820
SS# 042-64-8179
6/1/94

2554 Lincoln #298
Title Elect
Dl# A 6647725 ex98
Claims Birth Date S-9 8-26-63

arina Del Ca 90291

Company Name: Entertainment Arts
Company #:
Contact: Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.III	Week -6	250	12	12	25	

Date	In	Out	In	Out	Total	x1.5	x 31.25	x2	x 41.67	Total
Thu 5/26	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Fri 5/27	11.50	17.50	18.00	24.00	12.00	0.00	0.00	0.00	0.00	250.00
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	7.00	13.00	13.50	21.75	14.25	2.25	70.31	0.00	0.00	320.31
Tue 5/31	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/1	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					26.25	2.25	70.31	0.00	0.00	

Employee Signature

X Andrew Bowley

Grand Total $570.31

Pam Auer

5/27

1993 Form W-4

Department of the Treasury
Internal Revenue Service

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for one year only. It expires February 15, 1994.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, get Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use **Pub. 919,** Is My Withholding Correct for 1993?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-829-3676 to order this publication. Check your local telephone directory for the IRS assistance number if you need further help.

Personal Allowances Worksheet

For 1993, the value of your personal exemption(s) is reduced if your income is over $108,450 ($162,700 if married filing jointly, $135,600 if head of household, or $81,350 if married filing separately). Get Pub. 919 for details.

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A ____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.

. . B ____

C Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) . . . . . C ____

D Enter number of **dependents** (other than your spouse or yourself) whom you will claim on your tax return . . . . . D ____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household,** above) . E ____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F ____

G Add lines A through F and enter total here. **Note:** *This amount may be different from the number of exemptions you claim on your return* ▶ G ____

For accuracy, do all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

---------- **Cut here and give the certificate to your employer. Keep the top portion for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **For Privacy Act and Paperwork Reduction Act Notice, see reverse.**

OMB No. 1545-0010
1993

1 Type or print your first name and middle initial: ANDREW V
Last name: BOWLEY
2 Your social security number: 042 64 8179

Home address (number and street or rural route): 2554 LINCOLN # 298
3 [X] Single [ ] Married [ ] Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

City or town, state, and ZIP code: MARINA DEL REY, CA. 90291
4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information . . . . ▶ [ ]

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) . | 5 | 9 |
6 Additional amount, if any, you want withheld from each paycheck . . . . . | 6 | $ |
7 I claim exemption from withholding for 1993 and I certify that I meet **ALL** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND**
- This year if my income exceeds $600 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter "EXEMPT" here . . . . . ▶ | 7 |

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ [signature] Date ▶ 5.27.94 , 19

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number

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5/27

EMPLOYMENT ELIGIBILITY VERIFICATION

I-9

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
BOWLEY	ANDREW	V	
Address: Street Name and Number	**City**	**State**	**ZIP Code**
2554 LINCOLN #298	MARINADELREY	CA	90291
Date of Birth (Month Day Year)		**Social Security Number**	
8.26.63		042 64 8179	

I attest, under penalty of perjury, that I am (check a box):

☑ A citizen or national of the United States.

☐ An alien lawfully admitted for permanent residence (Alien Number A _____).

☐ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ , or Admission Number _____ , expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month Day/ Year)
	5.27.94

PREPARER TRANSLATOR CERTIFICATION (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	**City**	**State**	**Zip Code**

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from those in List A and check the correct box, ***or*** examine one document from List B ***and*** one from List C and check the correct boxes. Provide the ***Document Identification Number*** and ***Expiration Date,*** for the document checked in that column.

List A Identity and Employment Eligibility	List B Identity	**and**	List C Employment Eligibility
☐ United States Passport	☑ A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) CA		☑ Original Social Security Number Card (other than a card stating it is not valid for employment)
☐ Certificate of United States Citizenship	☐ U.S. Military Card		☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
☐ Certificate of Naturalization	☐ Other (Specify document and issuing authority)		☐ Unexpired INS Employment Authorization Specify form
☐ Unexpired foreign passport with attached Employment Authorization			#
☐ Alien Registration Card with photograph			
Document Identification	***Document Identification***		***Document Identification***
#	# A6647725		# 042 64 8179
Expiration Date (if any)	***Expiration Date (if any)***		***Expiration Date (if any)***
	8-26-97		A

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

OMB No. 1115-0136

U.S. Department of Justice
Immigration and Naturalization Service

ENTERPRISE STATIONERS 7401 SUNSET L. A. CA. 90046 (213) 876-3533 270

T I M E C A R D S

LITT , STEVE,WALTER | Telephone 994-7940 | SS# 566-60-8414 | 6/1/94

6669 MAMMOTH AVE | Title BB GRIP | Dl# J0930645 EXP.97 | Claims Birth Date M-2 3-27-42

'N NUYS CA 91405

Company Name: Entertainment Arts | Company #: 2ND Unit | Contact: Pam Auer

Job Name: Wing Comm.III | Job Number: Week -6 | Rate: 375 | Based on: 12 | x1.5: 12 | x2: 24 | Special Rate:

Date	In	Out	In	Out	Total	x1.5	x 46.88	x2	x 62.50	Total
Thu 5/26	13.00	19.00	19.50	25.50	12.00	0.00	0.00	0.00	0.00	375.00
Fri 5/27	11.50	17.50	18.00	24.00	12.00	0.00	0.00	0.00	0.00	375.00
Sat 5/28	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 5/29	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 5/30	7.00	13.00	13.50	19.00	11.50	0.00	0.00	0.00	0.00	375.00
Tue 5/31	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/1	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					35.50	0.00	0.00	0.00	0.00	

Employee Signature

X Steve Litt

Grand Total $1,125.00

Pam Auer

T I M E C A R D S

LAKE , REGGIE
P.O.BOX 771
verlyHills Ca 90212

Telephone 818 716-8775
SS# 580-10-8799
6/3/94
Title 728Elec.
Dl# N6403347
Claims Birth Date m-1 2-18-47

Company Name Entertainment Arts
Company # EA
Contact Pam Auer

Job Name	Job Number	Rate	Based on	x1.5	x2	Special Rate
Wing Comm.II	Week-7	450	12	12	25	

Date	In	Out	In	Out	Total	x1.5	x 56.25	x2	x 75.00	Total
Thu 6/2	7.00	13.00	13.50	19.50	12.00	0.00	0.00	0.00	0.00	450.00
Fri 6/3	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 6/4	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 6/5	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 6/6	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 6/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					12.00	0.00	0.00	0.00	0.00	

Grand Total $450.00

Employee Signature

X Reggie Lake

Pam Auer

T I M E C A R D S

6/2/94

Vasquez , Gus
Telephone (714)524-3916
SS# 562-45-4692
2109 Mignon Way
Title Keygrip
Dl# N7871606
Claims Birth Date M2 10-1-61
centia Ca 92000

Company Name Entertainment Arts
Company # EA-1
Contact Pam Auer
Job Name Wing Comm.III
Job Number Week-7
Rate $375.
Based on 10
x1.5 10
x2 24
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 56.25	x2	x 75.00	Total
Thu 6/2	7.00	13.00	13.50	17.50	10.00	0.00	0.00	0.00	0.00	375.00
Fri 6/3	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 6/4	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 6/5	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 6/6	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 6/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/8	0.00				10.00	0.00	0.00	0.00	0.00	

Grand Total $375.00

Employee Signature

X Gus Vasquez

Pam Auer

T I M E C A R D S

Blakemore , Stephenie
2825 Manhattan Avenue
' rmosa Cali 90254

Title

Telephone 310-376-6724

SS# 160-40-0169

Dl# C2343103 California

6/2/94

Claims Birth Date April 2,

Company Name Entertanment Arts

Job Name Wing CommIII

Job Number week-7

Company # ea

Contact

Rate 250

Basedon 12

x1.5 12

x2 25

Special Rate

Date	In	Out	In	Out	Total	x1.5	x 31.25	x2	x 41.67	Total
Thu 6/2	7.00	13.00	13.50	19.50	12.00	0.00	0.00	0.00	0.00	250.00
Fri 6/3	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 6/4	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 6/5	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 6/6	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 6/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					12.00	0.00	0.00	0.00	0.00	

Employee Signature

X Stephenie Blakemore

Grand Total $250.00

Pam Auer

T I M E C A R D S

Mabry , Brett
28302 Bonnie View Ave.
nyon Ca. 91351

Telephone

Title
elect

SS#
530-98-9451

Dl#
A 4735106 (94)

6/3/94

Claims Birth Date
S-9 4/26/65

Company Name
Entertainment Arts

Company #

Contact
(UPM) Pam

Job Name
Wing Comm.III

Job Number
Week-7

Rate
250

Based on 12 x1.5 12 x2 24

Special Rate

Date	In	Out	In	Out	Total	x1.5	x 31.25	x2	x41.67	Total
Thu 6/2	7.00	13.00	13.50	19.50	12.00	0.00	0.00	0.00	0.00	250.00
Fri 6/3	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 6/4	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 6/5	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 6/6	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 6/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					12.00	0.00	0.00	0.00	0.00	

Grand Total $250.00

Employee Signature

X Brett Mabry

Pam Lum

T I M E C A R D S

Young jr , Jamie
1723 N. Kingsley Dr.
Hollywood Ca 90027

Telephone 213-462-8753
SS# 556-13-6156
6/3/94
Title 80grip
Dl# N 2406318(98)
Claims Birth Date S-9 8-25-56

Company Name Entertainment Arts
Company # EA-1
Contact Pam Auer
Job Name Commander III
Job Number Week-7
Rate 225
Based on 10
x1.5 10
x2 25
Special Rate

Date	In	Out	In	Out	Total	x1.5	x 33.75	x2	x45.00	Total
Thu 6/2	7.00	13.00	13.50	17.50	10.00	0.00	0.00	0.00	0.00	225.00
Fri 6/3	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sat 6/4	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Sun 6/5	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Mon 6/6	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Tue 6/7	0.00				0.00	0.00	0.00	0.00	0.00	0.00
Wed 6/8	0.00				0.00	0.00	0.00	0.00	0.00	0.00
					10.00	0.00	0.00	0.00	0.00	

Grand Total $225.00

Employee Signature

X Jamie Young

Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing Commander III

Title/Position: Wardrobe

Employee Name: Mary Paxton *

Social Security #: 508-58-8376

Telephone: (818) 249-1247

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds	6/1	375/12	—	2	— 93.76
Thurs	6/2		12		12 375 —
Fri					——— ———
Sat					
				TOTAL:	14.2 —

Gross Pay: $468.76

Employee: Mary E Paxton

Approved: Pam Dees

2.2 OT from 6/1

46.88 x 10 = 468.76

375.00 + 93.76 = 468.76

* PLEASE MAIL CHECK TO: Mary Paxton
9898 NE 1st St.
Terrebonne, OR 97760

Crew Time Sheet

Check off if first time card: ____

If so, enclose W-4 & I-9: ____

Job Name: Wing Commander III

Title/Position: Art Dept. Misl.

Employee Name: Shane Middleton

Social Security #: 542-86-7374

Telephone: (310) 392-3317

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	—	off	off	—	—
Tues	5/31/94	150.00	9:00 AM 9:00 PM	—	150.00
Weds	6/1/94	150.00	7:30 AM 7:30 PM	—	150.00
Thurs	5/26/94	150.00	9:15 AM to 10:15 PM	1.0	162.00
Fri	5/27/94	150.00	10:00 AM 10:00 PM	—	150.00
Sat					
				TOTAL:	$612.00

Gross Pay: 612.00

Employee: [signature]

Approved: [signature]

Pam Auer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: W.C. III

Title/Position: Seamstress

Employee Name: Gail, Manisrael

Social Security #: 348.46.0395

Telephone: 310.457.3446

DATE	RATE	HOURS	O/T	TOTAL
Thur ~~Sun~~ 5/19	30.00	5 hrs		150-
~~Tue~~ ~~Fri~~ ~~Mon~~ 5/20	~	~		~~0~~
~~Sat~~ ~~Tues~~ 5/21	30.00	13 hrs		390-
~~Sun~~ ~~Weds~~ 5/22	~	~		
~~Mon~~ ~~Thurs~~ 5/23	30.00	6 hrs		180-
~~Tue~~ Fri 5/24	30.00	13 hrs		390-
~~Wed~~ ~~Sat~~ 5/25	30	16 hrs		480-
			TOTAL:	1590.00

Gross Pay: 1590.00

Employee: Gail Manisrael

Approved: Pam Auer

Final wardrobe fabrication

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: W.C. III

Title/Position: Seamstress

Employee Name: Gail, Nanisrael

Social Security #: 348.46.0395

Telephone: 310. 457.3446

	DATE	RATE	HOURS	O/T	TOTAL
Sun	5/26	30	12 hrs		360 —
Mon	5/27	30	6 hrs		180 —
Tues	5/28				
Weds	5/29				
Thurs	5/30	30	4 hrs		120 —
Fri	5/31	30	10 hrs		300
Sat	6/1				
				TOTAL:	960.00

Gross Pay: 960.00

Employee: Dan Gail

Approved: Pam Uner

Fabrication

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: Wing commander III

Title/Position: on set Dresser

Employee Name: Philip Gouldwin

Social Security #: 570-55-8709

Telephone: (310) 399-0806

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds					
Thurs	5/26/94	175.00	9:15 pm to 1:15 pm	—	175.00
Fri	5/27/94	175.00	10:00 am 10:00 pm	—	175.00
Sat					
				TOTAL:	350.00

Gross Pay: 350.00

Employee: [signature]

Approved: [signature]

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: CONST. COORD.

Employee Name: MICHAEL CLARK

Social Security #: 568-68-7305

Telephone: 310-392-8065

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds					
Thurs					
Fri	5/27	175.00			175.00
Sat					
				TOTAL:	175

Gross Pay: $175.00

Employee: Michael A. Clark

Approved: Tom Luker

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: CAP 7.

Employee Name: CRAIG BENTLY

Social Security #: 370-58-9539

Telephone: 818-880-6933

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon					
Tues					
Weds					
Thurs	5/24	175	—	—	$175
Fri	5/27	175	—	—	$175
Sat					
				TOTAL:	350.00

Gross Pay: $350

Employee: CRAIG BENTLY

Approved: Sam Lauer

Crew Time Sheet

Check off if first time card: _____

If so, enclose W-4 & I-9: _____

Job Name: WING COMMANDER III

Title/Position: 1ST AD

Employee Name: HARRY JARULS

Social Security #: 218-48-5698

Telephone: (818)398-9885

	DATE	RATE	HOURS	O/T	TOTAL
Sun					
Mon	5/30	500			$500
Tues	5/31	500			$500
Weds	6/1	500	WORKED		$500
Thurs	5/26	500			$500
Fri	5/27	500			$500
Sat					
				TOTAL:	$2500

Gross Pay: $2500

Employee: Harry Jarus

Approved: Sam Auer

FROM _____ 19 ____ TO _____ 19 ____ PAID BY CHECK NO. _____

ENTERED	AUDITED	APPROVED	PAID
14,500.00			

DATE	NO.	TO WHOM PAID	FOR WHAT	ACCT.	AMOUNT
		Malibu West Swim Club			3500.00
		Bruces Catering			8,700.00
		Tonja Santos			1400.00
		Donna Burkons - Booze			524.87
		Beverage warehse			309.77
		confetti party store - decorations			56.24

OFFICE FUND AMOUNT	$ 14,500.	VOUCHERS PAID	$ _____
TOTAL VOUCHERS AND CASH	$ _____	CASH ON HAND	$ _____
(OVER OR SHORT)	$ _____	TOTAL	$ _____

DISTRIBUTION OF VOUCHERS

										SUNDRY ITEMS
										TOTALS

PARTY STORE

A PARTY STORE
28850 Roadside Drive
Agoura Hills, CA 91301
(818) 706-2559

CUSTOMER'S ORDER NO.	DEPT.	DATE

NAME Pam Auer (Ling Construction) (w) 457-1641

ADDRESS 7038 Treasured Melody (h) 457-1581(310)

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
			PAID			

QUAN.		DESCRIPTION	PRICE	AMOUNT	
	1				
	2				
	3				
	4				
1	5	Med. Tank		26	95
	6				
	7				
	8				
	9				
	10	"Fire"			
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	18				

REC'D BY

KEEP THIS SLIP FOR REFERENCE

express mail

100 PVI 2.90

TOTAL: $ 2.90

*** U.S. POSTAL SERVICE ***
FT DUNE 211
29169HEATHERCLIFF

CLERK #06
DATE: 06/13/94 04:58:45 PM

100 PVI 2.90

TOTAL: $ 2.90

*** THANK YOU ***

1 3 26.95*
@ 50.
@ 0.20
1 3 10.00*
@ 50.
@ 0.30
1 3 15.00*
@ 101
4.29R
56.24T
8725 01
08.46
06.03.94

06-12-94
549011

X 849 @
*5513
-5496
-947
-8486
***

4442 9601 3055 8912

11/93 03/95 PV

CHRISTOPHER ROBERTS

4425 824 240 803
GOURMET PNTRY 053094
024 692 159
AMEX 5044004182

Chris' credit card

5937227

QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
		Brunt from		149 70
		Cristal		319 80

DATE	AUTHORIZATION 59238		SUB TOTAL	469 50
REFERENCE NO.	REG/DEPT.		TAX	38 73
FOLIO/CHECK NO.	SERVER	CLERK	TIPS / MISC.	
SALES SLIP			TOTAL	508 23

CUSTOMER COPY

PURCHASER SIGN HERE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS

JAMES [illegible]
PO Box 4593
Aspen

B4618928

2,495.00 x
0.06=+
149.70M

7,995.00 x
0.04=+
319.80M

469.50M◊

469.50 x
8.25 %
38.73 *

38.73M+
508.23M*

WINE & LIQUOR DEPOT

Ty as Chris'
pd as
Exec

PAID TO DONNA BURKONS

CK # 567

$524.87

#2 Trader Joe's

403.21 #1

163.28 #2

40.36 #3

606.85 TOTAL

- 84.88 FOR WRAP PART 1

521.97

+2.90

524.87

#1

COSTCO
WHOLESALE
VAN NUYS

06/03/94

4800116101

BACARDI LITE 50302 13.49W
STOLICHNAYA 88306 56.97W
JOHNNIE RED 50625 23.59W
TANQUERAY 50641 17.89W
JACK DANIELS 27565 21.79W
G.ELLEN WHT 69344 8.19W
CUERVO GOLD 19298 18.83W
STAR STUF OL 54155 5.39W
G.ELLEN WHT 69344 8.19W
G.ELLEN WHT 69344 8.19W
LM MERLOT 8102 5.39W
GEYSER RIES 80997 6.99W
2-750 CHARD 6797 6.69W
SEB CAB SAV 72611 10.59W
7-UP REGULAR 6111 4.99
CA RV COKE CLASSIC 20 .60 4.99
CA RV COKE CLASSIC 20 .60 4.99
CA RV DIET COKE 25 .60 4.99
CA RV 7-UP REGULAR 6111 .60 4.99
CA RV CUERVO TEX 19051 .60 41.94W
COKE CLASSIC 686.99 4.99
CA RV PERRIER WTR 16139 .60 12.49
CA RV PERRIER WTR 16139 .60 12.49
CA RV O.J. 42601 .60 4.99W

TAX 29.92E
TOTAL 403.21
CHECK 403.21
CHANGE .00
3498 #ITEMS 43
3 3 11.01AM

#3

COME TO DALPHS
...NAILIEST STORES IN TOWN

TECATE 12PK 8.19 T
CA REDEMPTION VALU .30 T
SHARPS 4PK PB 3.50 T
CA REDEMPTION VALU .15 T
SHARPS 4PK PB 3.50 T
CA REDEMPTION VALU .15 T
1 @ 2/3.49 BUY 1 GET 1 FREE
LAPAZ MGGRTA 3.49 F
CURVO MGGRTA 5.79 F
LIME JUICE .79 D
C/DGY & SODA .05 B
CA REDEMPTION VALU 1.50 F
BACARDI PINA
1 @ 2/3.49 BUY 1 GET 1 FREE
LAPAZ MGGRTA .00 F
1 @ 2/3.49 BUY 1 GET 1 FREE
LAPAZ MGGRTA 3.49 F
1 @ 2/3.49 BUY 1 GET 1 FREE
LAPAZ MGGRTA .00 F
BACARDI PINA 1.50 F
BACARDI PINA 1.50 F
BACARDI PINA 1.50 F
**** TAX 1.37 TOT 40.34
VF CHECK 40.34
CHANGE .00

PRICE BREAKER (PB) SAVINGS .08

6/03/94 19:33 0004 03 0297 129 18
PAYCHOICE EXPRESS PAYMENT IS HERE!
DEBIT/ATM AMEX DISCOVER VISA MASTERCARD

THANK YOU FOR SHOPPING DALPHS
ADRIANNO A.