

EXHIBIT C

BBG Home Again LLC Member Expense Request

OFFICIAL COMMITTEE OF UNSECURED CREDITORS OF
OPEN ROAD FILMS, LLC

EXPENSE REIMBURSEMENT REPORT

1. Name of Company (Committee Member)

Bank Leumi USA

2. Date of Meeting

9/14/18

3. Location of Meeting

Wilmington Delaware

4. Name of Representative Attending Meeting

Christopher Gull

5. Reimbursable Expenses:

(a) Transportation:

(1) Air or Rail Fare

136.00 AM Train
198.00 AM Train

334.00

(2) Personal automobile miles at \$.55 per mile

20 miles

11.00

(3) Taxi

(4) Parking/Tolls

(5) Other (describe)

(b) Lodging:

(1) Hotel (excluding meals)

191.40

(c) Meals:

(1) Breakfast

5.00

(2) Lunch

5.00

(3) Dinner

10.00

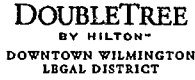
TOTAL REIMBURSEMENT SOUGHT

\$ 556.40

I hereby certify that the above expenses were incurred by me in connection with attendance at a Committee meeting or other authorized Committee business.

Christopher Gull VP

(Signature of Member's Representative
Incurring Expenses)



700 King Street • Wilmington, DE 19801
 Phone (302) 655-0400 • Fax (302) 655-0430
 For reservations across the nation
 www.doubletree.com or 1-800-222-TREE

Name & Address

GOLL, CHRISTOPHER
 2463 JEFFERSON ST
 E MEADOW NY 11554
 UNITED STATES OF AMERICA

Room 405/NK1
 Arrival Date 9/13/2018 8:50:00 PM
 Departure Date 9/14/2018
 Adult/Child 1/0
 Room Rate 174.00
 Rate Plan: CON
 HH #
 AL:
 Car:

Confirmation Number: 86440551

9/14/2018



DATE	REFERENCE	DESCRIPTION	AMOUNT
9/13/2018	2086652	GUEST ROOM	\$174.00
9/13/2018	2086652	OCCUPANCY TAX - 8%	\$13.92
9/13/2018	2086652	OCCUPANCY TAX - CITY	\$3.48
9/14/2018	2086786	MC *1084	(\$191.40)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		9/13/2018 STAY TOTAL	
		ROOM AND TAX \$191.40	\$191.40
		DAILY TOTAL \$191.40	\$191.40

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ACCOUNT NO.
MC *1084

CARD MEMBER NAME
GOLL, CHRISTOPHER

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

CARD MEMBER'S SIGNATURE
X

DATE OF CHARGE 9/14/2018	FOLIO NO./CHECK NO. 466269 A
AUTHORIZATION 013255	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-191.40

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MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

A PURCHASE RECEIPT
 I acknowledge receipt of the ticket and accept billing at the rate of the fare below.

PURCHASE RECEIPT
 RIDERS
 AMTRAK

Baggage

Name of Passenger
WASHINGTON, DC

Place of Issue
NYE
 Res. #
800 - USA - RAIL
 Name of Passenger
RES # A661F4 - I30918
GOLL/CHRISTOPHER
 Carrier
TKT # 2562290019584
 From
55 NYP-MIL 13Sep18 \$ 136.00
 To
13Sep180940AM

From
 To
 Carrier
 Train
 Date
 Accom
 Space/Car

Not Valid Before/After
 Accom
 Space/Car

PLEASE REFER TO YOUR ETICKET TRAVEL DOCUMENT FOR ADDITIONAL FARE RESTRICTION INFORMATION
 Form of Payment
MC 1084 \$136.00
Merch ID
02290
 Account Charge
\$136.00
 Total Charge
\$136.00
 RRPT 96
SEE REVERSE SIDE FOR CONDITIONS OF CONTRACT.
 STOCK CONTROL NO.

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NOT VALID FOR TRAVEL
 AUTH CODE
013731
 Pricing
097946727524
 Tkt. Ptr.
01 of 01
 Date of Issue
13Sep18
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 To
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