

**FINANCIAL DISCLOSURE FORM
COVER PAGE**

The Financial Disclosure Form ("Form") must be accurately completed and submitted by each Disclosing Entity. The requirement of disclosure of financial interests is a continuing obligation. If circumstances change and the disclosure is no longer accurate, Disclosing Entities must provide an updated form within thirty (30) business days of the change. The Form must also be updated annually by July 1. Upon review of the Form, CMS and IOC may request additional information to clarify and/or complete the submission.

Separate forms are required for the QP and Sub-Participant; additional disclosures may be required for parent entities, upon request of CMS or IOC.

This disclosure is submitted for (check one):

- Qualified Purchaser
- Sub Participant

Qualified Purchaser Name: Vendor Premium Payment Assistance, LLC

Doing Business As (DBA): _____

Disclosing Entity Name: Vendor Premium Payment Assistance, LLC

Dates and Jurisdiction of business formation or incorporation, if applicable: 11/27/2017, Delaware

Instrument of Ownership or Beneficial Interest (check one):

- Sole Proprietorship
- Corporate Stock (C-Corporation, S-Corporation, Professional Corporation, Service Corporation)
- Limited Liability Company Membership Agreement (Series LLC, Low-Profit Limited Liability Partnership)
- Partnership Agreement (General Partnership, Limited Partnership, Limited Liability Partnership, Limited Liability Limited Partnership)
- Trust Agreement (Beneficiary) associated with Qualified Purchaser: _____.
- Other

If you selected Other, please describe: _____.

STEP 1
SUPPORTING DOCUMENTATION SUBMITTAL

- All Disclosing Entities must provide a current organizational chart showing its ownership structure and composition.

Disclosing Entities must select one of the options below and select the documentation you are submitting. You must provide the documentation the applicable section requires with this form.

- Option 1 – Publicly Traded Entities
- 1.A. Complete Step 2, Option A for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity.
- OR
- 1.B. Provide a copy of the federal 10-K (attached or electronically) and skip to Step 3.
- Option 2 – Privately Held Entities with more than 200 Shareholders
- 2.A. Complete Step 2, Tables 1 and 2 for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity.
- OR
- 2.B. Complete Step 2, Tables 1 and 2 for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity and attach the information federal 10-K reporting companies are required to report under 17 CFR 229.401.
- Option 3 – All other Privately Held Entities
- 3.A. Complete Step 2, Tables 1 and 2 (and Table 3 if a TRUST) for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity.

STEP 2
DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

Complete for all entities. Additional rows may be inserted into the tables or an attachment if needed.

Ownership Share and Distributive Income – Provide the name and address of each person, director, owner, officer, association, financial backer, partnership, other entity, corporation or trust with an indirect or direct financial interest in each qualified purchaser, or entity. If you are a completing this form as a **TRUST** and checked **3.A.**, you **must also** complete **TABLE 3**. Earnings should reflect gross revenues by QP or Sub-participant or indirect earnings of a parent entity originally derived through the VPP. All owners, down to the individual, should be provided.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – 1					
Name (first, middle, last, maiden, aliases)	Mailing Address	Percentage of Ownership/Interest	Type of Ownership	Class of Stock	Gross Revenues

Distributive Income – If you selected Option 1.A., 2.A, 2.B. or 3.A. in Step 1, provide the name and address of each individual or entity and their percentage of the Disclosing Entity’s total distributive income. Distributive income refers to income derived by virtue of ownership in an entity (e.g. QP, Sub-participant).

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – 2			
Name (first, middle, last, maiden, aliases)	Mailing Address	% of Distributive Income	\$ Value of Distributive Income (Direct and Indirect)

Trusts: Each Disclosing Entity that is a trust associated with each QP shall provide the name, address, date of birth, and percentage of interest of all beneficiaries whose interest in the trust is at least 7.5%.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – 3			
Name (first, middle, last, maiden, aliases)	Date of Birth	Mailing Address	% Interest

Certify that the following statements are true.

I have disclosed all individuals or entities that hold an indirect or direct ownership interest in the Disclosing Entity.

Yes No

I have disclosed distributive income for all individuals or entities that hold an indirect or direct ownership interest in the Disclosing Entity.

Yes No

I have disclosed to the State all earnings associated with the Disclosing Entities participating with the VPP.

Yes No

<p>STEP 3 DISCLOSURE OF LOBBYIST OR AGENT</p>

Yes No. Have you previously or currently retained or contracted any registered lobbyist, lawyer, accountant, or other consultant to prepare the financial disclosure required under 30 ILCS 540/9?

STEP 4
SIGN THE DISCLOSURE

This disclosure is signed, and made for all entities, by an authorized officer or employee on behalf of the Disclosing Entity. The information is current as to the date of the signature unless otherwise noted. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: Vendor Premium Payment Assistance, LLC

Signature: _____ Date: 07/15/2020

Printed Name: Mark Callahan

Title: Managing Director of Vendor Premium Payment Assistance, LLC

Phone Number: (312) 319-4783 _____

Email Address: legal@vendorpayment.com

**STATE OF ILLINOIS
VENDOR PAYMENT PROGRAM**

**FINANCIAL DISCLOSURE FORM OF
Vendor Premium Payment Assistance, LLC (Qualified Purchaser)**

ATTACHMENT

July 1, 2019 – June 30, 2020

Table 1 (Ownership Share)*

Name	Mailing Address	Percentage of Ownership/ Interest	Type of Ownership	Class of Stock	Gross Revenue
Asset Sourcing Platform Holdings, LLC	230 Park Avenue Suite 1525, New York, NY 10169	100%	LLC interest	N/A	0
Brevet Holdings, LLC	230 Park Avenue Suite 1525, New York, NY 10169	100%	LLC interest	N/A	0
Douglas Monticciolo	230 Park Avenue Suite 1525, New York, NY 10169	*	LLC interest	N/A	0

Table 2 (Distributive Income)

Name	Mailing Address	Percentage of Distributive Income	\$ Value of Distributive Income+
Asset Sourcing Platform Holdings, LLC	230 Park Avenue Suite 1525, New York, NY 10169	0	0
Brevet Holdings, LLC	230 Park Avenue Suite 1525, New York, NY 10169	0	0
Douglas Monticciolo	230 Park Avenue Suite 1525, New York, NY 10169	0	0

* *Note:* Douglas Monticciolo is the Managing Member and controls 100% of the interest of Brevet Holdings, LLC.

Note: In compliance with federal securities laws and regulations, accredited investors (SEC Securities Act Regulation D) and qualified purchasers (Investment Company Act Section 3(c)(7)) may acquire limited partnership interests in the Fund. In accordance with Regulation D and other federal securities laws and rules applicable to the Fund, the Disclosing Entity is unable to identify here all of the beneficial interests held indirectly through limited partners, which may, for example, include pension plans and non-profit institutions and their respective beneficiaries. The Disclosing Entity is able to provide information pertaining to interests held by affiliated entities of Brevet Holdings, LLC. The certifications made here are qualified in this respect and based on the Disclosing Entity's knowledge.

