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):

\boxtimes	Qualified Purchaser	
	Sub Participant	•
Quali	fied Purchaser Name:	Vendor Premium Payment Assistance, LLC
Doing	Business As (DBA):	
Disclo	sing Entity Name:	Vendor Premium Payment Assistance, LLC
	and Jurisdiction of business	<u>11-27-2017, Delaware</u>
Instrun	nent of Ownership or Beneficial Interes	t (check one):
		poration, Professional Corporation, Service Corporation) hip Agreement (Series LLC, Low-Profit Limited Liability
	Limited Liability Limited Partnership) Trust Agreement (Beneficiary) Other	nership, Limited Partnership, Limited Liability Partnership
	If you selected Other, please describe:	•

STEP 1 SUPPORTING DOCUMENTATION SUBMITTAL

	SUPPORTING DOCUMENTATION SUBMITTAL
\boxtimes	All Disclosing Entities must provide a current organizational chart showing its ownership structure and composition.
	ing Entities must select one of the options below and select the documentation you are submitting ust 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 checked 3.A. and the entity is a TRUST also complete TABLE 3. Earnings should reflect direct earnings by QP or Sub-participant or indirect earnings of a parent entity originally derived through the VPP.

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	Earnings
See attachment					

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 Oistributive Income	\$ Value of Distributive Income (Direct and Indirect)		
See attachment					
	- Company of the second				

Check here if including an attachment w	ith requested	information	in a format substar	itially similar
to the format below.				

TABLE - 3				
Name (first, middle, last, maiden, aliases)	Date of Birth	Mailing Address		
		c c		

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
STEP 3
DISCLOSURE OF LOBBYIST OR AGENT
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. This disclosure information is submitted on behalf of:
Name of Disclosing Entity: Vendor Premium Payment Assistance, LLC
Signature: Date:
Printed Name: Mark Callahan
Title: Managing Director of Brevet Holdings, LLC
Phone Number: 212-313-5102
Email Address: mark@brevetcapital.com

STATE OF ILLINOIS VENDOR PAYMENT PROGRAM

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

ATTACHMENT

Table 1 (Ownership Share)

Name	Mailing Address Percentage and Type of		Earnings
		Ownership	
Asset Sourcing Platform	230 Park Avenue Suite 1525,	100% of the LLC interests in	\$0
Holdings, LLC	New York, NY 10169	Vendor Premium Payment	
		Assistance, LLC	
Brevet Holdings, LLC	230 Park Avenue Suite 1525,	100% of the LLC interests in	\$0
	New York, NY 10169	Asset Sourcing Platform	
		Holdings, LLC	
Douglas Monticciolo	230 Park Avenue Suite 1525,	Managing Member of Brevet	\$0
	New York, NY 10169	Holdings, LLC*	

Table 2 (Distributive Income)

Name	Mailing Address	Percentage of Distributive Income	\$ Value of Distributive Income
No income was distributed du	ring the reporting period.		

^{*} Douglas Monticciolo is the Managing Member and controls 100% of the interest of Brevet Holdings, LLC.

BREVET HOLDINGS, LLC (Douglas Monticciolo is the Managing Member and controls 100% of the interest of Brevet Holdings, LLC) 100% Asset Sourcing Platform Holdings, LLC

100%

Qualified Purchaser

Vendor Premium Payment Assistance, LLC

PROPRIETARY & CONFIDENTIAL