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 di	sclosure is submitted for (check one):	
	Qualified Purchaser	
/	Sub Participant	
Quali	fied Purchaser Name:	VENDOR CAPITAL FINANCE LLC
Doing	g Business As (DBA):	
Disclo	osing Entity Name:	ACM VCF III LLC
	and Jurisdiction of business	4/7/17; STATE OF DELAWARE
	nent of Ownership or Beneficial Interest	(check one):
	Sole Proprietorship	
	Corporate Stock (C-Corporation, S-Corp	oration, Professional Corporation, Service Corporation)
✓	Limited Liability Company Membersh Partnership)	ip Agreement (Series LLC, Low-Profit Limited Liability
	Partnership Agreement (General Partn Limited Liability Limited Partnership)	ership, Limited Partnership, Limited Liability Partnership,
	Trust Agreement (Beneficiary)	
	Other	
	If you selected Other, please describe:	

	STEP 1 SUPPORTING DOCUMENTATION SUBMITTAL
V	All Disclosing Entities must provide a current organizational chart showing its ownership structure and composition. SEE PAGE 5
	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.
V	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.

Name (first, middle,	Mailing	Percentage of	Type of	Class of	Earnings
last, maiden, aliases)	Address	Ownership/Interest	Ownership	Stock	
ACM Alamosa I LP	c/o Atalaya Management LP	60.66%	LP		\$0
ACM Alamosa I-A LP	780 Third Ave New York, NY 100017	30.34%	LP		\$0

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.

ABLE – 2			
Name (first, middle, last, maiden, aliases)	Mailing Address	% of Distributive Income	\$ Value of Distributive Income (Direct and Indirect)
ACM Alamosa I LP	c/o Atalaya Management LP	60.66%	\$0
ACM Alamosa I-A LP	New York, NY 100017	30.34%	\$0

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

Date of Birth	Mailing Address
	Date of Birth

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
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:
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 ACM VCF III LLC
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:
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: ACM VCF III LLC 10/19/18
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 ACM VCF III LLC Signature: Date: 10/19/18
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: ACM VCF III LLC Signature:

ACM VCF III LLC OWNERSHIP

