## 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	
$\boxtimes$	Sub Participant	۰
Quali	fied Purchaser Name:	Payplant LLC
Doing	g Business As (DBA):	
Disclo	osing Entity Name:	VPPA IL, LLC
	and Jurisdiction of business ation or incorporation, if applicable:	03-28-2016, Delaware
Instrun	nent of Ownership or Beneficial Interes	t (check one):
		rporation, Professional Corporation, Service Corporation) ship Agreement (Series LLC, Low-Profit Limited Liability
	Partnership Agreement (General Part Limited Liability Limited Partnership)	nership, Limited Partnership, Limited Liability Partnership
	Trust Agreement (Beneficiary) Other	•
	If you selected Other, please describe	

STEP 1		
SUPPORTING DOCUMENTATION SUBMITTAL	ĕ	

SUPPORTING DOCUMENTATION SUBMITTAL
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 Distributive Income	\$ Value of Distributive Income (Direct and Indirect)				
See attachment							
		9					

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				
		•				

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.  Tes 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: VPPA IL, LLC
Signature:
Printed Name: Mark Callahan
Title: Managing Director of Brevet Capital Management, LLC
Phone Number: <u>212-313-5102</u>
Email Address: mark@brevetcapital.com

# STATE OF ILLINOIS VENDOR PAYMENT PROGRAM

# FINANCIAL DISCLOSURE FORM OF VPPA IL, LLC (SUB-PARTICIPANT)

#### **ATTACHMENT**

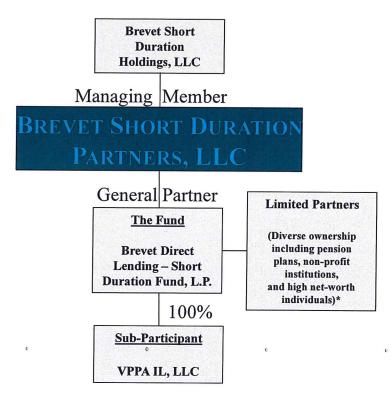
### Table 1 (Ownership Share)\*

Name	Mailing Address	Percentage and Type of Ownership	Earnings
Brevet Direct Lending – Short Duration Fund, L.P. (the "Fund")	230 Park Avenue Suite 1525, New York, NY 10169	100% of the LLC interests in VPPA-IL, LLC	\$0
Brevet Short Duration Partners, LLC	230 Park Avenue Suite 1525, New York, NY 10169	Less than 1% of the Fund; General Partner of the Fund	\$0

### Table 2 (Distributive Income)

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

\*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)(1)) 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.



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