

## SEMI-ANNUAL PA ACTIVITY REPORT

**APPENDIX D2** 

Please update the general information at the end of the 6 month reporting period covered by this report. Add a Portfolio Company for each Pennsylvania Portfolio Company that you have invested in (see Appendix D2). This includes investments that you have exited.

FUND LEVEL INFORMATION						
REPORT DATE:			REPORTING PERIOD:			
FUND NAME:						
REPORTING CONTACT:						
			1			
CONTACT EMAIL:			CONTACT PHONE:			
TOTAL FUND SIZE: (If your fund is leveraged, include total leverage in the fund size)		TOTAL CAPITAL INV	L CAPITAL INVESTED TO DATE: TOTAL		CAPITAL INVESTED IN PA COMPANIES:	
TOTAL PORTFOLIO COMPANIES:	ACTIVE COMPANIE	ES*:	EXITED COMPANIES**:			
					*Companies still operating in the Portfolio	
TOTAL PA PORTFOLIO COMPANIES:	PA ACTIVE COMPA	NIES*:	PA EXITED COMPANIES**:		**Companies sold, shut down, etc.	
ACTIVE PA PORTFOLIO COMPANIES: (Employees at <u>first investment</u> in companies listed under * above)			EXITED PA PORTFOLIO COMPANIES: (Employees at first investment in companies listed under ** above)			
ACTIVE PA PORTFOLIO COMPANIES: (PA Employees <u>currently</u> at companies listed under * above)			EXITED PA PORTFOLIO COMPANIES: (PA Employees <u>currently (or at time of exit/move)</u> at companies listed under ** above)			
			L INFORMATION			
(Please complete for each PA based portfolio company.)  COMPANY NAME:  ADDRESS:						
COMPANY NAME:			ADDILESS.			
WEBSITE:			WOMAN OR MINORITY OWNED?			
CURRENT PORTFOLIO STATUS? IF EX	ITED, PROVIDE DAT	E OF EXIT.				
NAME OF COMPANY CEO OR BEST CONTACT:			TITLE:			
EMAIL:			PHONE:			
TOTAL INVESTMENT FROM <u>YOUR</u> FUND TO DATE:			DATE OF YOUR FIRST INVESTMENT:			
COMPANY MOVE TO PA FROM <u>YOUR</u> I	NVESTMENT (Y/N):					
OTHER FINANCING RECEIVED AFTER	YOUR 1ST INVESTM	IENT:				
OTHER INVESTORS (IF KNOWN):						
CURRENT PENNSYLVANIA EMPLOYEES:			PENNSYLVANIA EMPLOYEES AT FIRST INVESTMENT:			
MEDIAN WAGE/SALARY OF PA EMPLO	YEES (IF KNOWN):					