EXECUTIVE LOBBYING REGISTRATION / RENEWAL FOR THE YEAR OF 2006
(Fill in Year.)

For Office Use Only
Postmark Date: 04/04/06
Reg. 2006
J#252
$110.00 WR
3060477

Amendment(s) Attached

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME	BAILIE, BONNIE T. Last First MI			
2. BUSINESS PHONE	(813) 968-7307 Area Code and Phone Number			
3. FAX NUMBER	(813) 961-3633 Fax No.			
4. BUSINESS ADDRESS	Saddle River Executive Ctr., 1 Route 17 South Street and No.	Saddle River City	NJ State	07458 Zip
MAILING ADDRESS	Saddle River Executive Ctr., 1 Route 17 South Street and No.	Saddle River City	NJ State	07458 Zip
5. EMPLOYER	PDI, Inc.			
6. EMPLOYER'S ADDRESS	Saddle River Executive Ctr., 1 Route 17 South Street and No.	Saddle River City	NJ State	07458 Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1.	Name	Ascend Therapeutics
	Address	607 Herndon Parkway #210, Herndon, VA 20170
	Business or purpose	Pharmaceuticals
	Does this person pay you?	No
	If No, who pays you?	PDI, Inc.

Form 504, Rev.7/04

EXECUTIVE LOBBYING REGISTRATION FORM

2. Name Bonnie Bailie

Address 4220 Carrollwood Village Drive, Tampa, FL 33618

Business or purpose Pharmaceutical Sales

Does this person pay you? No

If No, who pays you? PDI, Inc.

3. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Bonnie T. Bailie

Signature of Lobbyist

Form 504, Rev.7/04

AMENDMENT 3060477 05/06/04

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name _____

Address _____

_____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Bonnie T. Bielec

Signature of Lobbyist

AMENDMENT

Form 504, Rev.7/04