EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

296
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 12/13/06
XTERM
3061465

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8707. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted **within 5 days** of any changes in your registration form or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME Baulie (Last) Bonnie (First) T. (MI)

NAME CHANGE _____ Last _____ First _____ MI

2. BUSINESS PHONE (813) 968-7307 (Area Code) Phone Number

3. FAX PHONE (813) 961-3633

4. BUSINESS ADDRESS 1 Route 17 South (Street and No.), Saddle River (City), NJ (State) 07458 (Zip)

MAILING ADDRESS 1 Route 17 South (Street and No.), Saddle River (City), NJ (State) 07458 (Zip)

5. EMPLOYER PDI, Inc.

6. EMPLOYER'S ADDRESS 1 Route 17 South (Street and No.), Saddle River (City), NJ (State) 07458 (Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No ____

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1) Name Ascend Therapeutics

Address 601 Herndon Parkway #210, Herndon, VA 20170

Business or purpose Pharmaceuticals

☐ New Representation
Does this person pay you? No

If No, who pays you? PDI, Inc.

☐ Terminated Representation as of 10/1/06

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2) Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☐ Terminated Representation as of _____

3) Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☐ Terminated Representation as of _____

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 Bailie

Signature of Lobbyist