

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MGI PHARMA INC PAC

Report Covering the Period:

From:

07 / 01 / 2007

To:

09 / 30 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		
(b) Cash on Hand at Beginning of Reporting Period.....	8,084.02	
(c) Total Receipts (from Line 19).....	5,548.90	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13,632.92	
7. Total Disbursements (from Line 31).....	4,069.00	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,563.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

27039544467

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MGI PHARMA INC PAC

Report Covering the Period: From:

07 / 01 / 2007

To:

09 / 30 / 2007

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

55,489.00

(ii) Unitemized

0.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

55,489.00

(b) Political Party Committees

0.00

(c) Other Political Committees (such as PACs).....

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)

55,489.00

12. Transfers From Affiliated/Other Party Committees.....

0.00

13. All Loans Received

0.00

14. Loan Repayments Received.....

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

(b) Levin Funds (from Schedule H5).....

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

55,489.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	
(ii) Non-Federal Share.....	0.00	
(b) Other Federal Operating Expenditures	69.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	69.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4,000.00	
24. Independent Expenditures (use Schedule E).....	0.00	
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
26. Loan Repayments Made.....	0.00	
27. Loans Made.....	0.00	
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	
(b) Political Party Committees	0.00	
(c) Other Political Committees (such as PACs).....	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	
29. Other Disbursements	0.00	
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	
(ii) "Levin" Share	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4,069.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,069.00	

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5548.90	
34. Total Contribution Refunds (from Line 28(d))	0.00	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5548.90	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	

2703954470

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF 19
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
				<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial)
ANDERSON, JAMES

Mailing Address
30 BAGSTOW BROOK RD

City **SHERBORN** State **MA** Zip Code **01770**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **SR. PROF. INSTITUTIONAL MGR.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
90.00

B. Full Name (Last, First, Middle Initial)
DARON CHRISTINE

Mailing Address
415 MAIN STREET

City **GROTON** State **MA** Zip Code **01450**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **SR SCIENTIST / BIOLOGY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **65.00**

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
BLAND CATHY

Mailing Address
905 WASHINGTON AVE

City **OAKMONT** State **PA** Zip Code **15139**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **PROF. TERRITORY MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **140.00**

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **180.00**

TOTAL This Period (last page this line number only)..... ▶

2703954471

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 2

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial) **BOUDREAU TODD**

Mailing Address **9 WINDSOR DRIVE**

City **MILFORD** State **NH** Zip Code **03055**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **SR. PROF. TERRITORY MGR.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 30 / 2007**

Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial) **BOWERMAN REGINALD**

Mailing Address **16448 OXFORD PLACE**

City **SHAKOPEE** State **MN** Zip Code **55379**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **VP Commercial Operations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **09 / 30 / 2007**

Amount of Each Receipt this Period **1,250.00**

C. Full Name (Last, First, Middle Initial) **BULLOCK DENNIS**

Mailing Address **41728 N. CLUB POINTE DR.**

City **ANTHEM** State **AZ** Zip Code **85086**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **EXECUTIVE TERRITORY MGR.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **140.00**

Date of Receipt **09 / 30 / 2007**

Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4,350.00

2703954472

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **3** OF **20**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial) **CARRENO MELISSA**

Mailing Address **3341 N. ALBANY AVE**

City **CHICAGO** State **IL** Zip Code **60618**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **PROFESSIONAL INSTITUTIONAL MGR**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **35000**

Date of Receipt **09 / 30 / 2007**

Amount of Each Receipt this Period **15000**

B. Full Name (Last, First, Middle Initial) **CASTO JOHN**

Mailing Address **429 CLUBHOUSE DR**

City **FAIRHOPE** State **AL** Zip Code **36532**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **PROFESSIONAL TERRITORY MGR.**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **15000**

Date of Receipt **09 / 30 / 2007**

Amount of Each Receipt this Period **5000**

C. Full Name (Last, First, Middle Initial) **CHRISTIAN ROBERT**

Mailing Address **10561 E. RIVERVIEW DR**

City **EDEN PRAIRIE** State **MN** Zip Code **55347**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **SR. DIRECTOR ALLIANCE MANAGEMT.**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **20000**

Date of Receipt **09 / 30 / 2007**

Amount of Each Receipt this Period **10000**

SUBTOTAL of Receipts This Page (optional)..... ▶ **30000**

TOTAL This Period (last page this line number only)..... ▶

27039544473

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 20
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MGI PHARMA INC PAC

Full Name (Last, First, Middle Initial)

A. CLANTON CHRISTOPHER

Mailing Address

17747 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing federal political committee.

C

Name of Employer

MGI PHARMA INC

Occupation

PRODUCT DIRECTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

09 ' 30 ' 2007

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. COLE BRADLEY

Mailing Address

114 AVERY LAKE DR

City

WINTER SPRINGS

State

FL

Zip Code

32078

FEC ID number of contributing federal political committee.

C

Name of Employer

MGI PHARMA INC

Occupation

MGR NATIONAL REIMBURSEMENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

137.50

Date of Receipt

09 ' 30 ' 2007

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. COLEMAN KELI

Mailing Address

2460 PEACHTREE RD NW

City

ATLANTA

State

GA

Zip Code

30305

FEC ID number of contributing federal political committee.

C

Name of Employer

MGI PHARMA INC

Occupation

MGR. STATE GOV'T AFFAIRS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 ' 30 ' 2007

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

260.00

2703954474

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>5</u> OF <u>20</u>			
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial)
CORPORA RONALD

Mailing Address
5809 ALISA COURT

City **HUDSON** State **OH** Zip Code **44236**

FEC ID number of contributing federal political committee. **0**

Name of Employer **MGI PHARMA INC** Occupation **SR. NATIONAL SALES DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
DADDONA, CHARLES

Mailing Address
19 JESSICA DRIVE

City **MERRIMACK** State **NH** Zip Code **03054**

FEC ID number of contributing federal political committee. **0**

Name of Employer **MGI PHARMA INC** Occupation **REGIONAL SALES DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **37500**

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
12500

C. Full Name (Last, First, Middle Initial)
DORR, CHARLES

Mailing Address
70 EVERGREEN LANE

City **PADUCAH** State **KY** Zip Code **42001**

FEC ID number of contributing federal political committee. **0**

Name of Employer **MGI PHARMA INC** Occupation **EXECUTIVE TERRITORY MGR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000**

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
000

SUBTOTAL of Receipts This Page (optional).....▶ **27500**

TOTAL This Period (last page this line number only).....▶

2703954475

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MGI PHARMA INC PAC

A.

Full Name (Last, First, Middle Initial)

DOYLE, MICHAELA

Mailing Address

903 Mercer Blvd

City

Omaha

State

NE

Zip Code

68131

FEC ID number of contributing federal political committee.

C

Name of Employer

MGI PHARMA INC

Occupation

SR. PROF. TERRITORY MGR.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

12500

Date of Receipt

09 ' 30 ' 2007

Amount of Each Receipt this Period

000

B.

Full Name (Last, First, Middle Initial)

DUNN, GRETCHEN

Mailing Address

102 BLUE HERON DRIVE

City

WEXFORD

State

PA

Zip Code

15090

FEC ID number of contributing federal political committee.

C

Name of Employer

MGI PHARMA INC

Occupation

PROFESSIONAL INSTITUTIONAL MGR.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

14000

Date of Receipt

09 ' 30 ' 2007

Amount of Each Receipt this Period

6000

C.

Full Name (Last, First, Middle Initial)

ECKLEY, BRIAN

Mailing Address

506 HARDWICK GREEN

City

POTTSVILLE

State

PA

Zip Code

17901

FEC ID number of contributing federal political committee.

C

Name of Employer

MGI PHARMA INC

Occupation

SR. REGIONAL SALES DIRECTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

37500

Date of Receipt

09 ' 30 ' 2007

Amount of Each Receipt this Period

12500

SUBTOTAL of Receipts This Page (optional).....▶

18500

TOTAL This Period (last page this line number only).....▶

27039544476

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE <u>7</u> OF <u>29</u>
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial)
ELLIS, RONALD

Mailing Address
1470 Burton Parish way

City **Fairfield** State **OH** Zip Code **45014**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **MGR. NATIONAL REIMBURSEMENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
0.00

B. Full Name (Last, First, Middle Initial)
FARRELL III, JAMES

Mailing Address
2 OLDE POND RD

City **FARMINGTON** State **CT** Zip Code **06032**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **SR. NATIONAL REIMBURSEMENT MGR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
2.500

C. Full Name (Last, First, Middle Initial)
FROST, RAYMOND

Mailing Address
688 AUGUST DRIVE

City **CHASKA** State **MN** Zip Code **55318**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **DIRECTOR GOVERNMENT RELATIONS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
1.2500

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

TOTAL This Period (last page this line number only)..... ▶

2703954477

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial)
GARON-BELCHER, LISA

Mailing Address
36572 Roycroft

City **Livonia** State **MI** Zip Code **48154**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **PROFESSIONAL TERRITORY MGR**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **160.00**

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
0.00

B. Full Name (Last, First, Middle Initial)
HARKINS ROCHELLE

Mailing Address
PO BOX 117

City **Fernwood** State **MS** Zip Code **39635**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **PROFESSIONAL TERRITORY MGR**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **200.00**

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
0.00

C. Full Name (Last, First, Middle Initial)
HAUSER ALLEN

Mailing Address
4307 VISTA RIDGE

City **KINGWOOD** State **TX** Zip Code **77339**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **SR. DIR. MEDICAL SCI. LIASONS**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **280.00**

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional)..... **120.00**

TOTAL This Period (last page this line number only).....

2703954478

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial)
HUTSON, LELAND

Mailing Address
202 LA JOLLA DR

City **ATHENS** State **TX** Zip Code **75751**

FEC ID number of contributing federal political committee.
0

Name of Employer
MGI PHARMA INC Occupation **DIR. NATIONAL REIMBURSEMENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
09' 30' 2007

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JARVIS, KRISTI

Mailing Address
1028 PIERCE ST. S.

City **SHAKOPEE** State **MN** Zip Code **55379**

FEC ID number of contributing federal political committee.
0

Name of Employer
MGI PHARMA INC Occupation **DRUG SAFETY SPECIALIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
09' 30' 2007

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
JERNANDER, RENEE

Mailing Address
1248 JEFFERSON ST.

City **SHAKOPEE** State **MN** Zip Code **55379**

FEC ID number of contributing federal political committee.
0

Name of Employer
MGI PHARMA INC Occupation **MGR. REIMBURSEMENT OPERATIONS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1709.5

Date of Receipt
09' 30' 2007

Amount of Each Receipt this Period
789.0

SUBTOTAL of Receipts This Page (optional).....▶ **4489.0**

TOTAL This Period (last page this line number only).....▶

2703954479

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29			
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial)
KARNES, WILLIAM

Mailing Address
3210 E. CHINDEN BLV

City **EAGLE** State **ID** Zip Code **83616**

FEC ID number of contributing federal political committee. **0**

Name of Employer **MGI PHARMA INC** Occupation **CORPORATE ACCOUNT MGR.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
KAWAMURA EDWARD

Mailing Address
208 TYNE DRIVE

City **FRANKLIN** State **TN** Zip Code **37064**

FEC ID number of contributing federal political committee. **0**

Name of Employer **MGI PHARMA INC** Occupation **SR. NATIONAL ACCOUNT MGR.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 ' 30 ' 2007

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **0**

Name of Employer **MGI PHARMA INC** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **550.00**

TOTAL This Period (last page this line number only)

27039544480

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 20

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

MGI PHARMA INC PAC

Full Name (Last, First, Middle Initial) A. Labates, Kristin		Date of Receipt 09 / 30 / 2007
Mailing Address 13 Wood Ln		Amount of Each Receipt this Period 30.00
City Malvern	State Zip Code PA 19355	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MGI PHARMA INC	Occupation Prof Territory mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) B. Leach, Michael		Date of Receipt 09 / 30 / 2007
Mailing Address 4930 W 97th St		Amount of Each Receipt this Period 125.00
City Overland Park	State Zip Code KS 66207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer MGI PHARMA INC	Occupation Sr N+1 Account Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00	

Full Name (Last, First, Middle Initial) C. Luby, Thomas		Date of Receipt 09 / 30 / 2007
Mailing Address 43 Parker Rd		Amount of Each Receipt this Period 200.00
City Needham	State Zip Code MA 02494	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer MGI PHARMA INC	Occupation Sr Dir Biology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶

355.00

TOTAL This Period (last page this line number only).....▶

2703954481

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 29	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

Full Name (Last, First, Middle Initial)
A. Manum, Kristin

Mailing Address
205 Mill St #205

City State Zip Code
Excelsior MN 55331

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
MGI PHARMA INC National Account Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. Matejka, James

Mailing Address
36457 Old Woods Trl

City State Zip Code
Gurnee IL 60031

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
MGI PHARMA INC Prof Territory mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
140.00

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
600.00

Full Name (Last, First, Middle Initial)
C. Mehrwerth, Rebecca

Mailing Address
6120 80th Ave NE

City State Zip Code
Foley MN 56329

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
MGI PHARMA INC Sr Dir Sales Mktg Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶ **38500**

TOTAL This Period (last page this line number only).....▶

2703954482

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **3** OF **20**

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

MGI PHARMA INC PAC

Full Name (Last, First, Middle Initial)

A. Melin, David

Mailing Address

9335 Preston Place

City

Eden Prairie

State

MN

Zip Code

55347

FEC ID number of contributing federal political committee.

C

Name of Employer

MGI PHARMA INC

Occupation

VP Corp + Gov't Affairs

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 30 / 2007

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mercer, Marie-Louise

Mailing Address

7331 19th Ave NE

City

Seattle

State

WA

Zip Code

98115

FEC ID number of contributing federal political committee.

C

Name of Employer

MGI PHARMA INC

Occupation

Sr Prof Territory mgr

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

278.88

Date of Receipt

09 / 30 / 2007

Amount of Each Receipt this Period

00.00

Full Name (Last, First, Middle Initial)

C. Meyers, Jeffrey

Mailing Address

3436 Shadywood Dr

City

Lambertville

State

MI

Zip Code

48144

FEC ID number of contributing federal political committee.

C

Name of Employer

MGI PHARMA INC

Occupation

Executive Territory Mgr

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2007

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

245.00

27039544483

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20			
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

Full Name (Last, First, Middle Initial)
A. Nolan, Mary

Mailing Address
17 Grant St Apt 2

City State Zip Code
Natick MA 01760

FEC ID number of contributing federal political committee.
0

Name of Employer Occupation
MGI PHARMA INC Sr Prof Territory mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Patton, Philip

Mailing Address
132 Tiffany Ridge Dr

City State Zip Code
Coraopolis PA 15108

FEC ID number of contributing federal political committee.
0

Name of Employer Occupation
MGI PHARMA INC Sr Prof Institutional Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
08 / 24 / 2007

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
C. Pigneri, Charles

Mailing Address
9612 Jonathan Lane

City State Zip Code
Eden Prairie MN 55347

FEC ID number of contributing federal political committee.
0

Name of Employer Occupation
MGI PHARMA INC Sr Product Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional).....▶ **320.00**

TOTAL This Period (last page this line number only).....▶

2703954484

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE <u>16</u> OF <u>20</u>
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial)
Reed, Lisa

Mailing Address
21 Margaret Lane

City **Billerica** State **MA** Zip Code **01821**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **Sr Mgr Quality Assurance**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **590.00**

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
Russillo, Patricia

Mailing Address
26 Essex Rd

City **Essex Falls** State **NJ** Zip Code **07021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **Sr Prof Territory Mgr**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **140.00**

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
Sanders, Beth

Mailing Address
155 Overwood Road

City **Akron** State **OH** Zip Code **44313**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **Sr Prof Territory Mgr**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **375.00**

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... **245.00**

TOTAL This Period (last page this line number only).....

2703954486

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 17 OF 29	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

A. Sawrie, David
 Full Name (Last, First, Middle Initial)
 Mailing Address
 6316 Pin Oak Dr
 City State Zip Code
 McCordsville IN 46055
 Name of Employer Occupation
 MGI PHARMA INC Executive Territory mgr
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **225.00**

Date of Receipt
 09 / 30 / 2007
 Amount of Each Receipt this Period
75.00

B. Schiano, Jennifer
 Full Name (Last, First, Middle Initial)
 Mailing Address
 907 S Clinton St
 City State Zip Code
 Baltimore MD 21224
 Name of Employer Occupation
 MGI PHARMA INC Sr Prof Institutional Mgr
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **125.00**

Date of Receipt
 09 / 30 / 2007
 Amount of Each Receipt this Period
0.00

c. Serafin, Walter
 Full Name (Last, First, Middle Initial)
 Mailing Address
 5014 Park Street
 City State Zip Code
 Shawnee KS 66216
 Name of Employer Occupation
 MGI PHARMA INC Sr NTI Reimbursement mgr
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **162.00**

Date of Receipt
 09 / 30 / 2007
 Amount of Each Receipt this Period
81.00

SUBTOTAL of Receipts This Page (optional) **156.00**
 TOTAL This Period (last page this line number only)

2703954487

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 20
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial)
Strieter, Robert

Mailing Address
N4404 Friedel Lane

City State Zip Code
Cambridge WI 53523

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
MGI PHARMA INC Sr Prof Territory Mngr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
114.00

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
114.00

B. Full Name (Last, First, Middle Initial)
Tileston, Hope

Mailing Address
24158 Rutherford Rd

City State Zip Code
Ramona CA 92065

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
MGI PHARMA INC Executive Territory mngr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Wagner, John

Mailing Address
7039 Froguois Dr

City State Zip Code
Lockport NY 14094

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
MGI PHARMA INC Sr. Prof Institutional Mngr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶ **414.00**

TOTAL This Period (last page this line number only).....▶

2703954489

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MGI PHARMA INC PAC

A. Full Name (Last, First, Middle Initial)
Wright, Glenn

Mailing Address
2601 Alenby Ln

City **Charlotte** State **NC** Zip Code **28270**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **Sr Ntl Account Mgr**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
0.00

B. Full Name (Last, First, Middle Initial)
Yang, Min

Mailing Address
555 Marrett Road

City **Lexington** State **MA** Zip Code **02421**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation **Sr Scientist II**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 30 / 2007

Amount of Each Receipt this Period
0.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **MGI PHARMA INC** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

5548.90

2703954490

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

2703954491

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10/11/07
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

	10/16/07
PREPARER	DATE PREPARED