EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

289
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 9/5/06
TERM 09/06

3061259

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) 763-8787. 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: Ross (Last) Cynthia (First) A. (MI)

NAME CHANGE: (Last) (First) (MI)

2. BUSINESS PHONE: 832 453 4300 (Area Code) Phone Number

3. FAX PHONE: 281-367 9785

4. BUSINESS ADDRESS: 67 No. Royal Fern Dr. (Street and No.), The Woodlands (City), TX (State) 77380 (Zip)

MAILING ADDRESS: SAME (Street and No.) (City) (State) (Zip)

5. EMPLOYER: MGI Pharma, Inc

6. EMPLOYER'S ADDRESS: (Street and No.) (City) (State) (Zip)

7. Have you ceased or terminated **all** lobbying activities requiring registration? Yes X 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

Address

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

Form 505, Rev. 7/04

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No. _____

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.

Cynthia G. Ross
Signature of Lobbyist