

WV Lobbyist Registration & Employer Authorization 2003-2004

✓ Lobbyist Information: (please print or type)

Name: Michael S. Garrison E-mail: mgarrison@spilmanlaw.com

Name to use on ID badge: Michael S. Garrison

Phone: (304) 340-3800 Fax (304) 340-3801

Please use this address for all mailings and publication:

MAILING ADDRESS:

Michael S. Garrison
P. O. Box 273
Charleston, WV 25321
 (city) (state) (zip)

<<< IMPORTANT >>>

Please enclose:

→ Two 2 x 2 passport-type photos

→ Check for registration fee:
 \$60.00 for 2-yr. 2003/2004
 or
 \$30.00 if registering after
 1/1/2004

Detailed instructions on back
 If questions, call (304) 558-0664
 email: lsuchy@gmail.state.wv.us

Legislative session address and phone:

Business address

Residential address (not published)

Spilman Center
300 Kanawha Boulevard, East
Charleston, WV 25301
 Phone: (304) 340-3800

649 Holly Road
Charleston, WV 25314
 Phone: (304) 541-2147

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 WV ETHICS COMMISSION
 2004 JAN 23 PM 2:28

✓ Employer / Organization Information: (one employer per form)

1. Name and complete address of the employer, organization or association that the LOBBYIST represents:

Spilman Thomas & Battle, PLLC
P. O. Box 273
Charleston, WV 25321

Phone: (304) 340-3800
 Fax: (304) 340-3801

Type of business or occupation of Employer:

2. What topics or subjects will the lobbyist address on behalf of the above Employer / Organization?

General government relations

3. Check one or both: Legislative Lobbying

Administrative Lobbying

4. Check only one: Retained solely as lobbyist

Unpaid volunteer

Retained to lobby in addition to performing other services

5. If compensated, is any portion of that compensation contingent upon the success of the lobbying activity?
 Yes No Not applicable

✓ **Lobbyist Certification:** To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code 6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if I am convicted of such an act, I can be fined, sentenced to jail, or both. I have read the information on the back of this form.

Lobbyist Signature: [Signature]

Date: 1/15/04

✓ Employer Authorization (signature required)

The lobbyist named above is authorized to lobby on our behalf in regard to the general subjects listed on this form. This authorization remains in effect through year 2004 unless terminated in writing before that time. I have read and understand the Employer Notice on the other side of this form.

Authorized signature: [Signature]

Date: 1/20/04

Type or print name: R J O Neil, Managing Member

Title: 1/20/04

WV Lobbyist Registration & Employer Authorization 2003-2004

30369

✓ Lobbyist Information: (please print or type)

Name: Michael S. Garrison E-mail: mgarrison@spilmanlaw.com

Name to use on ID badge: Mike Garrison

Phone: (304) 340-3800 Fax (304) 340-3801

Please use this address for all mailings and publication:

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649 Holly Road
Charleston, WV 25314
 Phone: (304) 541-2147

✓ Employer / Organization Information: (one employer per form)

1. Name and complete address of the employer, organization or association that the LOBBYIST represents:
West Virginia United Health System, Inc. Phone: (304) 368-2700
1000 Technology Drive, Suite 2320 Fax: () _____
Fairmont, WV 26554 Type of business or occupation of Employer:
Healthcare/Hospitals

2. What topics or subjects will the lobbyist address on behalf of the above Employer / Organization?
Healthcare, Business, Budgetary

3. Check one or both: Legislative Lobbying Administrative Lobbying
4. Check only one: Retained solely as lobbyist Unpaid volunteer Retained to lobby in addition to performing other services
5. If compensated, is any portion of that compensation contingent upon the success of the lobbying activity?
 Yes No Not applicable

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Lobbyist Signature: [Signature] Date: 11/4/04

✓ Employer Authorization (signature required)

The lobbyist named above is authorized to lobby on our behalf in regard to the general subjects listed on this form. This authorization remains in effect through year 2004 unless terminated in writing before that time. I have read and understand the Employer Notice on the other side of this form.

Authorized signature: [Signature] Date: 1-15-04
 Type or print name: J. Thomas Jones Title: President/CEO

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WV Lobbyist Registration & Employer Authorization 2003-2004

WV FTR 10/10/02

✓ Lobbyist Information: (please print or type) AM 9:17

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649 Holly Road
Charleston, WV 25314
 Phone: (304) 541-2147

✓ Employer / Organization Information: (one employer per form)

1. Name and complete address of the employer, organization or association that the LOBBYIST represents:
West Virginia Media
P. O. Box 11848
Charleston, WV 25339-1848
 Phone: (304) 345-7711
 Fax: ()
 Type of business or occupation of Employer: _____

2. What topics or subjects will the lobbyist address on behalf of the above Employer / Organization?

3. Check one or both: Legislative Lobbying Administrative Lobbying
4. Check only one: Retained solely as lobbyist Unpaid volunteer Retained to lobby in addition to performing other services
5. If compensated, is any portion of that compensation contingent upon the success of the lobbying activity?
 Yes No Not applicable

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Lobbyist Signature: [Signature] Date: 2/6/04

✓ Employer Authorization (signature required)

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Authorized signature: [Signature] Date: 2-9-04
 Type or print name: Braley Title: President

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 Phone: (304) 541-2147


✓ Employer / Organization Information: (one employer per form)

1. Name and complete address of the employer, organization or association that the LOBBYIST represents:
Corotoman, Inc. Phone: (304) 346-2900
200 Association Drive Fax: (304) 346-3798
Charleston, WV 25311 Type of business or occupation of Employer: _____

2. What topics or subjects will the lobbyist address on behalf of the above Employer / Organization?
Commercial development and business issues

3. Check one or both: Legislative Lobbying Administrative Lobbying
4. Check only one: Retained solely as lobbyist Unpaid volunteer Retained to lobby in addition to performing other services
5. If compensated, is any portion of that compensation contingent upon the success of the lobbying activity?
 Yes No Not applicable

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Lobbyist Signature:  Date: 1/15/04

✓ Employer Authorization (signature required)

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Authorized signature:  Date: _____
 Type or print name: _____ Title: _____

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✓ Employer / Organization Information: (one employer per form)

1. Name and complete address of the employer, organization or association that the LOBBYIST represents:
Camden-Clark Memorial Hospital Phone: (304) 424-2204
P. O. Box 718 Fax: (304) 424-2782
Parkersburg, WV 26102 Type of business or occupation of Employer: _____

2. What topics or subjects will the lobbyist address on behalf of the above Employer / Organization?
Health-care financing and development issues

3. Check one or both: Legislative Lobbying Administrative Lobbying
4. Check only one: Retained solely as lobbyist Unpaid volunteer Retained to lobby in addition to performing other services
5. If compensated, is any portion of that compensation contingent upon the success of the lobbying activity?
 Yes No Not applicable

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Lobbyist Signature: [Signature] Date: 1/15/04

✓ Employer Authorization (signature required)

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Authorized signature: [Signature] Date: 1/23/04
 Type or print name: THOMAS J. Carter Title: Pres / CEO

WV Lobbyist Registration & Employer Authorization 2003-2004

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 WV EMPLOYMENT DIVISION
 2004 FEB -9 PM 2:23

✓ Employer / Organization Information: (one employer per form)

1. Name and complete address of the employer, organization or association that the LOBBYIST represents:
Alliance Resource Partners, L.P. Phone: (918) 295-7600
1717 South Boulder Avenue Fax: () _____
Tulsa, OK 74119 Type of business or occupation of Employer: _____

2. What topics or subjects will the lobbyist address on behalf of the above Employer / Organization?
Permitting and regulatory issues; energy concerns

3. Check one or both: Legislative Lobbying Administrative Lobbying
4. Check only one: Retained solely as lobbyist Unpaid volunteer Retained to lobby in addition to performing other services
5. If compensated, is any portion of that compensation contingent upon the success of the lobbying activity?
 Yes No Not applicable

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Lobbyist Signature: [Signature] Date: 1/15/04

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Authorized signature: Thomas M Wynne Date: 1-26-04
 Type or print name: Thomas M Wynne Title: VP Operations

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FEB 12 2004

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Charleston, WV 25314
 Phone: (304) 541-2147

✓ Employer / Organization Information: (one employer per form)

1. Name and complete address of the employer, organization or association that the LOBBYIST represents:
Platinum Properties Phone: (304) 284-5007
150 Clay Street, Suite 200 Fax: (304) 284-5008
Morgantown, WV 26501 Type of business or occupation of Employer: _____

2. What topics or subjects will the lobbyist address on behalf of the above Employer / Organization?
Commercial development

3. Check one or both: Legislative Lobbying Administrative Lobbying
4. Check only one: Retained solely as lobbyist Unpaid volunteer Retained to lobby in addition to performing other services
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Lobbyist Signature: [Signature] Date: 2/03/04

✓ Employer Authorization (signature required)

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Authorized signature: [Signature] Date: 2/6/04
 Title: _____
 Type or print name: _____

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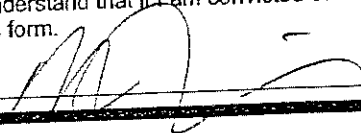
✓ Employer / Organization Information: (one employer per form)

1. Name and complete address of the employer, organization or association that the LOBBYIST represents:
Heather M. Bresch Phone: (724) 514-1837
Mylan Laboratories, Inc. Fax: (724) 514-1873
1500 Corporate Drive, Suite 400
Canonsburg, PA 15317
 Type of business or occupation of Employer: _____

2. What topics or subjects will the lobbyist address on behalf of the above Employer / Organization?

3. Check one or both: Legislative Lobbying Administrative Lobbying
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Lobbyist Signature:  Date: 2/6/04

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Authorized signature:  Date: Feb-9, 2004
 Type or print name: _____ Title: _____