✓ Lobbyist Information: (please p)	rint or type)	<<< IMPORTANT>>>
E-ma	il:mgarrison@spilman	
	^	Picase enclose:  3 Two 2 x 2 passport type
Name to use on ID badge: _Michael S. Garrison		photos
Phone: ( <u>304</u> ) <u>340–3800</u> Fax ( <u>304</u>		→Check for registration fee: \$60:00 for 2-yr. 2003/2004
Please use this address for all mailings and publica	ition:	or \$30.00 if registering after
MAILING ADDRESS:	/-	1/1/2004
Michael S. Garrison		
P. O. Box 273		Detailed instructions on back If questions, call (304) 558-0664
Charleston, WV 25321	(zip)	email: Isuchy@gwmail:state:wv.tis
(city) (state)	(216)	
Legislative session address and phone: Business address	Residential a	address (not published)
Spilman Center	649 Holly Roa	id
300 Kanawha Boulevard, East	Charleston, W	OFOIA / The Table 1970
Charleston, WV 25301	Phone: ( 304 )	oyer per form)  10
Phone: ( <u>304</u> ) <u>340</u> –3800	1 none. (	
Spilman Thomas & Battle, PLIC  P. O. Box 273  Charleston, WV 25321  2. What topics or subjects will the lobbyist address on general government relations.	Type o	f business or occupation of Employer:
general government reposition		
1 4 ST enightive I obbying	★Administrative Lobby	/ing
<ul> <li>3. Check one or both:</li></ul>	☐ Unpaid volunteer	Retained to lobby in addition to performing other services
5. If compensated, is any portion of that compensation of the comp	contingent upon the success of Mot applicable	of the lobbying activity?
✓ Lobbyist Certification: To the best of materials is true, correct and complete. I understand that it incomplete report. I further understand that if I am convicte information on the back of this form.	of my knowledge, the informa is a violation of WV Code 6B and of such an act, I can be fin	ed, sentenced to jail, or both. I have read the
Lobbyist Signature:		Date: 1/15/04
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	A SA T SEC REST SEC.	
✓ Employer Authorization (signated to lobby)	ure required) on our behalf in regard to the	general subjects listed on this form: This:

✓ 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.

Date: | LO | CN |

Type or print name: | R | O | N | P | Manager | Ma

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✓ Lobbyist Information: (please print or type) <<< IMPORTANT>>>   Name: Michael S. Garrison E-mail:mgarrison@spilmanlaw com Please enclose:   Name to use on ID badge: Michael S. Garrison →Two 2 x 2 passport-type   Phone: ( 304 ) 340-3800 Fax ( 304 ) 340-3801 →Check*for registration fee:   \$60.00 for 2 yr. 2003/2004	
Please use this address for all mailings and publication:  530:00 if registering after	
MAILING ADDRESS:  Michael S. Garrison	
Detailed instructions on back	
Charleston, WV 25321	
(city) (state) (zip) email: stating@dwifan, state.wv; ds	
Legislative session address and phone:  Business address  Residential address (not published)	
Spilman Center 649 Holly Road	
300 Kanawha Boulevard, East 649 Holly Road Charleston, WV 25301 Charleston, WV 25314	
Phone: ( 304 ) 340–3800 Phone: ( 304 ) 541–2147	ı
1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer; organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer, organization or association that the LOBBYIST represents:  1. Name and complete address of the employer organization or association that the LOBBYIST represents:  1. Name and complete address of the employer organization or association that the LOBBYIST represents:  1. Name and complete address of the employer organization or association that the LOBBYIST represents:  1. Name and complete address or organization or association that the LOBBYIST represents:  1. Name and complete address or organization or association that the	
3. Check one or both: Legislative Lobbying Administrative Lobbying  Unpaid volunteer Retained to lobby in addition to	
4. Check only one:  Retained solely as lobbyist  Unpaid volunteer  performing other services	
5. If compensated, is any portion of that compensation contingent upon the success of the lobbying activity?  \[ \textstyle \textsty	1
Lobbyist Certification: To the best of my knowledge, the information contained hereon and on any attache 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 of 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 information on the back of this form.	d r the
Lobbyist Signature: Date: 1/14/04	

✓ 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 Type or print name.

1-15-04 President/CBO

Type or print name:

W.V.	The state of the s	
✓ Lobbyist Information: (please main Name: Michael S. Garrison E-main E	in Fertybe) kM 9: 17 I:mgarrison@spilmanla	< <li>&lt;</li> <li>IMPORTANT&gt;&gt;&gt;</li> <li>Elwase enclose:</li>
Name to use on ID badge: Michael S. Garrison		→ Two 2 x 2 passport=type _photos
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Please use this address for all mailings and publicate  MAILING ADDRESS:  Michael S. Garrison  P. O. Box 273  Charleston, WV 25321  (city) (state)	tion:	or \$30.00 af registering after 1/4/2004 Detailed instructions on back If questions, call (304) 558-0664 email: Isuchy equivall state www.us
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Charleston, WV 25301 Phone: ( 304 ) 340-3800	Phone: ( <u>304</u> ) 54	
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✓ Lobbyist Information: (please plane)  Name: Michael S. Garrison E-mail	print or type) << <important>&gt;&gt; mail:mgarrison@spilmanlaw_com Please enclose:</important>
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Phone: ( <u>304</u> ) <u>340–3800</u> Fax ( <u>304</u>	
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MAILING ADDRESS: Michael S. Garrison	1/4/2004
P. O. Box 273	Detailed instructions on back If questions, call (304) 558-0664
Charleston, WV 25321 (state)	(zip) email: suchy@gwmail.state.wv.us
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Legislative session address and phone:	Residential address (not published)
Business address Spilman Center	
300 Kanawha Boulevard, East	649 Holly Road
JOU REMARKS DO CO.	Charleston WV 25314
Charleston, WV 25301	Charleston, WV 25314 Phone: ( 304 ) 541-2147
Charleston, W 25301 Phone: (_304 ) 340-3800  Employer / Organization Inform  1. Name and complete address of the employer, orga Corotoman, Inc.  200 Association Drive	Phone: (304)541-2147  mation: (one employer per form)  anization or association that the LOBBYIST represents:  Phone: (_304)346-2900  Fay: (_304)346-3798
Charleston, WV 25301 Phone: (_304) 340-3800  / Employer / Organization Inform  1. Name and complete address of the employer, orga	Phone: (304)541-2147  mation: (one employer per form)  mization or association that the LOBBYIST represents:  Phone: (_304)346-2900  Fax: (_304)346-3798  Type of business or occupation of Employer:
Charleston, W 25301 Phone: (_304) 340-3800  Employer / Organization Inform  1. Name and complete address of the employer, orga Corotoman, Inc. 200_Association_Drive Charleston, WV 25311	Phone: (304)541-2147  mation: (one employer per form)  mization or association that the LOBBYIST represents:  Phone: (_304)346-2900  Fax: (_304)346-3798  Type of business or occupation of Employer:
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✓ Lobbyist Information: (please print or type)	<< IMPORTANT>>>
Name: Michael S. Garrison E-mail:mgarrison@spilmanlaw	COM Please enclose:
	→Two 2 x 2 passport-type
Name to use on ID badge: Michael S. Garrison	photos
Phone: ( <u>304</u> ) <u>340–3800</u> Fax ( <u>304</u> ) <u>340–3801</u>	→Check for registration fee: \$60:00 for 2*yr. 2003/2004
Please use this address for all mailings and publication:	or \$30.00% registering after
MAILING ADDRESS:	3/1/2004
Michael S. Garrison	
P. O. Box 273	Detailed instructions on back If questions, call (304) 558-0664
Charleston, WV 25321	email:  suchy@gwmail.state.wv.us
(city) (state) (zip)	
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Spilman Center 649 Holly Road	二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二
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P. O. Box 718  Parkersburg, WV 26102  Fax: (3)  Type of bu	04 ) 424-2782 Isiness or occupation of Employer:
2. What topics or subjects will the lobbyist address on behalf of the above Employer / O  Health-case fivencing and development issues	rganization?
3. Check one or both: Legislative Lobbying	<b>V</b> (1)
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5. If compensated, is any portion of that compensation contingent upon the success of the DYes DNo Not applicable	e lobbying activity?
✓ Lobbyist Certification: To the best of my knowledge, the information of materials is true, correct and complete. I understand that it is a violation of WV Code 6B-3-9 incomplete report. I further understand that if I am convicted of such an act, I can be fined, suffermation on the back of this form.	contained hereon and on any attached to willfully and knowingly file a false or entenced to jail, or both. I have read the
Lobbyist Signature: / 💢	

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Date: 1/23/84

Authorized signature: Date: 1/23/84

Type or print name.

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	State Service - F. C. C. College C. Miller, pp. 1
✓ Lobbyist Information: (please print or type)	<
Name: Michael S. Garrison E-mail:mgarrison@spilmanlaw	Please enclose:
Name to use on ID badge: Michael S. Garrison	→Two 2 x 2 passport-type photos
Phone: ( <u>304</u> ) <u>340–3800</u> Fax ( <u>304</u> ) <u>340–3801</u>	→Check for registration fee: \$60.00 for 24/r. 2003/2004
Please use this address for all mailings and publication:	or \$30:00 if registering after
MAILING ADDRESS:	1/1/2004
Michael S. Garrison	Detailed instructions on back
P. O. Box 273 Charleston, WV 25321	If nuestions call (304) 558-0664
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**Employer / Organization Information: (one employe  1. Name and complete address of the employer, organization or association that the LC Alliance Resource Partners, L.P. Phone: (9 1717 South Boulder Avenue Fax: (1718 of but Tulsa, OK 74119	DBBYIST represents:  18 ) 295–7600  usiness or occupation of Employer:
2. What topics or subjects will the lobbyist address on behalf of the above Employer / Concerniting and regulatory issues; energy concerniting	organization?
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4. Check only one:	Retained to lobby in addition to performing other services
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Lobbyist Signature:	

✓ Employer Authorization (signature required).

The lobbyist named above is authorized to lobby on our behalf in regard to the general subjects disted 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. Date: 1-26-04

### WV Lobbyist Registration & Employer Authorization 2003-2004 FEEE SED

		EFEID.
✓ Lobbyist Information: (please p	rint or type)	<<< IMPORTANT>>>
Name: Michael S. Garrison E-ma	ilimanari condeni lmanla	- <b>利は</b> - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2
Name: Michael S. Garrison		Please enclose: →1wo 2 x 2 passport-type
Name to use on ID badge: Michael S. Garrison		photos
Phone: ( <u>304</u> ) <u>340-3800</u> Fax ( <u>304</u>		→ Check for registration fee: \$60:00 for 23/r. 2003/2004
Please use this address for all mailings and publica	ıtion:	or .
MAILING ADDRESS:	-	\$30:00#f registering:after 1/4/2004*
Michael S. Garrison		
P. O. Box 273		Détailed instructions on back
Charleston, WV 25321		If questions, call (304) 558-0664 email: suchy@gwmail.state.wv.us
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Spilman Center	649 Holly Road	
300 Kanawha Boulevard, East	Charleston, WV	25314
Charleston, WV 25301	Phone: (304)54	
Phone: ( <u>304</u> ) <u>340–3800</u>		
✓ Employer / Organization Inform  1. Name and complete address of the employer, organ Platinum Properties  150 Clay Street, Suite 200  Morgantown, WV 26501	Phone: ( a Fax: ( a Type of b	304)284-5007 304)284-5008 ousiness or occupation of Employer:
2. What topics or subjects will the lobbyist address on Commential development	behalf of the above Employer /	Organization?
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4. Check only one:  Retained solely as lobbyist		performing other services
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Authorized signature

Type or print name.

✓ Lobbyist Information: (please print or type)	<< <important>&gt;&gt;</important>
• Londy loc mo.	
Name: Michael S. Garrison E-mail:mgarrison@spilmanlaw	Picase enclose:
Name to use on ID badge: Michael S. Garrison	photos /
Phone: ( <u>304</u> ) <u>340–3800</u> Fax ( <u>304</u> ) <u>340–3801</u>	→Check for régistration fee: \$60:00 for 2 yr. 2003/2004
Please use this address for all mailings and publication:	or / \$30.00 if/registering:after
MAILING ADDRESS:	J/1/2004
Michael S. Garrison	Detailed instructions on back
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Charleston, WV 25301 Charleston, WV Phone: ( 304 ) 54	1-2147
Phone: (304) 340-3800 Phone: (304)	er per form) OBBYIST represents: OBBYIST represents:
1. Name and complete address of the employer, organization or association that the LO Heather M. Bresch Mylan Laboratories, Inc. 1500 Corporate Drive, Suite 400 Canonsburg, PA 15317  2. What topics or subjects will the lobbyist address on behalf of the above Employer / Constant of the content of the conte	724 ) 514-1837 724 ) 514-1873 usiness or occupation of Employer:
3. Check one or both: Legislative Lobbying	
4. Check only one: ☐ Retained solely as lobbyist ☐ Unpaid volunteer ∠	Retained to lobby in addition to performing other services
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Finaloger Authorization (signature required)	

Type or print name:

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