

SECRETARY OF THE COMMONWEALTH LOBBYIST REGISTRATION FORM (Rev. 4/05)

FOR OFFICE USE ONLY Principal Notification Date ____

Date Received _____ Fee Paid: Check # _____ Cash___

Please send the original and a copy with a \$50.00 registration fee, made Payable to the Treasurer of Virginia to:

Secretary of the Commonwealth Attn: Lobbyist Specialist 1111 E. Broad St 4th Floor Richmond, Virginia 23219

(1) PRINCIPAL:	Virginia Dental Association
(1a) What type of business is	the principle engaged in:
Tra	ade association representing dentists in the Commonwealth of Virginia.
Officer of Principal authorizing may not appear in items 2 and	g your employment as a lobbyist, or to whom your expenditures will be reported. <i>The same name 5 of this form.</i>
(2) Name:	Dr. Terry Dickinson
(2a) Business Address:	3460 Mayland Ct. Ste. 110, Richmond, VA 23233
(2b) Business Telephone:	804-261-1610
	retain ALL records, in behalf of the principal, with respect to your lobbying activities for their ysically stored in another location, please so indicate in the space provided by item 3c.
(3) Name:	Dr. Terry Dickinson
	3460 Mayland Ct. Ste. 110, Richmond, VA 23233
(3b) Business Telephone:	804-261-1610
(3c) Business Address/Teleph	none number of location where records are stored:

(4) Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to lobby in behalf of the *PRINCIPAL* listed in item 1 of your registration form.

Tripp Perrin, PO Box 170, Richmond, VA 23218 (804) 644-7884 Dennis P. Gallagher, 17 E. Cary St., Richmond, VA 23219 (804) 783-2655 Dr. Terry Dickinson, 3460 Mayland Ct., Ste. 110, Henrico, VA 23233 (804)288-5750 Laura Givens, 3460 Mayland Ct., Ste. 110, Henrico, VA 23233 (804)288-5750

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(5) LOBBYIST:	Charles R. Duvall, Jr.
(5a) Business Addre	PO Box 170 Richmond, VA 23218
	hone:
<u>-</u>	cduvall@lindlcorp.com
	retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated are physically stored in another location, please so indicate in the space provided in item 7d.
6) Name:	Linda Duvall
	PO Box 170 Richmond, VA 23218
	hone:
(6c) Business Addre	ess/Telephone number of location where records are stored: 2307 E. Broad St. Richmond, VA 23223
	804-644-7884
(7) Matters and pur	rpose for which you expect to lobby: (be as specific as possible in this response)
- · · · · · · · · · · · · · · · · ·	I matters of importance to dentists, including licensure, dental hygiene, insurance and taxation.
8) As a lobbyist, yo	ou are: (check one)
☐ Employe	ed (Lobbyist is on payroll of principal)
✓ Retained	(Lobbyist is not on payroll of principal, but is compensated)
☐ Not Com	npensated (Lobbyist is not compensated, but expenses may be reimbursed)
(9) If you are <i>emplo</i>	yed either part-time or full-time by the principal, please give your job title:
	rsigned lobbyist, do state that the information furnished on this registration statement and on any and atements attached thereto, is to the best of my knowledge and belief, complete and accurate.
2 0	/05/2015 Lobbyist's Signature: Charles R. Duvall, Jr. (Electronically Signed: 5/5/2015 3:40:57 Pl