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

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*

FOR OFFICE USE ONLY
Principal Notification Date _____
Date Received _____
Fee Paid: Check # _____ **Cash** _____

(1) **PRINCIPAL:** _____ Virginia Dental Association

(1a) **What type of business is the principle engaged in:**

Trade association representing dentists in the Commonwealth of Virginia.

Officer of Principal authorizing your employment as a lobbyist, or to whom your expenditures will be reported. *The same name may not appear in items 2 and 5 of this form.*

(2) **Name:** _____ Michael Link, DDS

(2a) **Business Address:** _____ 11007 Warwick Blvd., Newport News, VA 23601

(2b) **Business Telephone:** _____ 7575967000

Officer of Principal who will retain **ALL** records, in behalf of the principal, with respect to your lobbying activities for their organization. If records are physically stored in another location, please so indicate in the space provided by item 3c.

(3) **Name:** _____ Michael Link, DDS

(3a) **Business Address:** _____ 11007 Warwick Blvd., Newport News, VA 23601

(3b) **Business Telephone:** _____ 7575967000

(3c) **Business Address/Telephone number of location where records are stored:**

3460 Mayland Ct. Ste. 110, Richmond, VA 23233

804-288-5750

(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.**

Mr. Charles R. Duvall, Jr., Lindl Corporation: P. O. Box 170, Richmond, VA 23218; 804-644-7884
Mr. Tripp Perrin, Lindl Corporation: P. O. Box 170, Richmond, VA 23218; 804-644-7884
Mr. Dennis P. Gallagher: 17 East Cary St., Richmond, VA 23219; 804-783-2655
Ms. Laura C. Givens: 3460 Mayland Ct., Ste. 110, Richmond, VA 23233; 804-523-2185

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(5) **LOBBYIST:** _____ Terry D Dickinson, DDS

(5a) **Business Address:** _____ 3460 Mayland Ct. Ste. 110, Richmond, VA 23233

(5b) **Business Telephone:** _____ 804-288-5750

(5c) **E-Mail Address:** _____ dickinson@vadental.org

Individual who will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated principal. If records are physically stored in another location, please so indicate in the space provided in item 7d.

(6) **Name:** _____ Jill Kelly

(6a) **Business Address:** _____ 3460 Mayland Ct. Ste. 110, Richmond, VA 23233

(6b) **Business Telephone:** _____ 804-288-5750

(6c) **Business Address/Telephone number of location where records are stored:**

(7) **Matters and purpose for which you expect to lobby:** (be as specific as possible in this response)
All matters of importance to dentists and their patients, including licensure, insurance, taxation and Medicaid funding.

(8) **As a lobbyist, you are:** (check one)

☒ **Employed** (Lobbyist is on payroll of principal)

☐ **Retained** (Lobbyist is not on payroll of principal, but is compensated)

☐ **Not Compensated** (Lobbyist is not compensated, but expenses may be reimbursed)

(9) **If you are employed either part-time or full-time by the principal, please give your job title:**

_____ Executive Director

I, the undersigned lobbyist, do state that the information furnished on this registration statement and on any and all accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.

Date: _____ 05/14/2015 _____ Lobbyist's Signature: Terry D Dickinson, DDS (Electronically Signed: 5/14/2015 8:26:32 PM)