



# Richmond City Council

## Boards & Commissions Appointments & Reappointments Formal Meeting of Richmond City Council

Monday, September 13, 2021 – 6:00 p.m.

Public Safety Standing Committee recommends appointment of the following applicants:

<u>Board Name</u>	<u>Criteria for Appointment</u>	<u>Applicant Name</u>	<u>Terms</u>
<b>Richmond Ambulance Authority</b> (11 members) <a href="#">(page 2)</a>	Reside or work in the city	Matthew Conrad 7 <sup>th</sup> District Resident <a href="#">(reappointment, page 3)</a>	10/24/2021 – 10/23/2023
		Julia Hammond 6 <sup>th</sup> District Employment <a href="#">(reappointment, page 4)</a>	09/13/2021 – 09/09/2023
		Brandon Mencini 9 <sup>th</sup> District Employment <a href="#">(reappointment, page 5)</a>	10/24/2021 – 10/23/2023
		Kirk Roberts 4 <sup>th</sup> District Resident <a href="#">(reappointment, page 6)</a>	10/24/2021 – 10/23/2023

Governmental Operations Standing Committee recommends appointment of the following applicants:

<u>Board Name</u>	<u>Criteria for Appointment</u>	<u>Applicant Name</u>	<u>Terms</u>
<b>Sister Cities Commission</b> (13 members) <a href="#">(page 7)</a>	Reside or work in the city	Nin Aseeya Ra-El 3 <sup>rd</sup> District Resident <a href="#">(reappointment, page 8)</a>	10/07/2021 – 10/06/2024
		Dr. Patricia W. Cummins 2 <sup>nd</sup> District Employment <a href="#">(page 9)</a>	09/13/2021 – 07/25/2023 <i>Succeeding Zachary Reid</i>

Organizational Development Standing Committee recommends appointment of the following applicants:

<u>Board Name</u>	<u>Criteria for Appointment</u>	<u>Applicant Name</u>	<u>Terms</u>
<b>Human Rights Commission</b> (13 members) <a href="#">(page 11)</a>	City Resident	Josie Mace 6 <sup>th</sup> District Resident <a href="#">(reappointment, page 12)</a>	10/08/2021 – 10/07/2024
		Jennifer Moon 1 <sup>st</sup> District Resident <a href="#">(reappointment, page 13)</a>	10/08/2021 – 10/07/2024
		Santa Sorenson 4 <sup>th</sup> District Resident <a href="#">(reappointment, page 14)</a>	10/22/2021 – 10/21/2024
		Riqia Taylor 6 <sup>th</sup> District Resident <a href="#">(reappointment, page 15)</a>	10/08/2021 – 10/07/2024

# Richmond Ambulance Authority

*Vacancies as of  
November 7, 2021*

The Authority shall have **(11) eleven members**, two of whom shall be the **Chief Administrative Officer** and the **Director of Finance**, and one **City Council member**.

(8) members shall be appointed by the City Council for a term of two (2) years.

The Chief Administrative Officer and the Director of Finance shall serve during the time that they hold such offices.

Members of the Richmond Ambulance Authority must **either live or work in the city** as a condition of their membership. (Per opinion from City Attorney’s Office by e-mail dated August 7, 2017).

*(Assigned to the Public Safety Standing Committee)*

<b>Current Vacancies</b>				
<b>Member Name</b>	<b>Criteria for Appointment</b>	<b>Live / Work District</b>	<b>Term</b>	<b>Terminate</b>
Matthew Conrad	Reside or work	7 <sup>th</sup>	Third Term	10/24/2021
Julia Hammond	Reside or work	6 <sup>th</sup> District Employment	First Term	09/10/2021
Elizabeth Matish	Reside or work	2 <sup>nd</sup> District Employment	Eighth Term	10/24/2021
Brandon Mencini	Reside or work	9 <sup>th</sup> District Employment	First Term	10/24/2021
Kirk Roberts	Reside or work	4 <sup>th</sup>	Partial Term	10/24/2021
<b>Current Membership</b>				
<b>Member Name</b>	<b>Criteria for Appointment</b>	<b>Live / Work District</b>	<b>Term</b>	<b>Terminate</b>
DeWitt C. Baldwin, III	Reside or work	2 <sup>nd</sup>	Second Term	01/09/2022
Dr. Richard L. Bennett, Jr.	Reside or work	1 <sup>st</sup>	Fourth Term	06/10/2023
Carlos Hopkins	Reside or work	6 <sup>th</sup> District Employment	First Term	11/28/2021
Lincoln Saunders	Reside or work	6 <sup>th</sup> District Employment	First Term	Indefinite
Shelia White	Director of Finance	6 <sup>th</sup> District Employment	First Term	Indefinite
Kristen N. Larson	City Council Representative	4 <sup>th</sup>	Second Term	12/31/2024

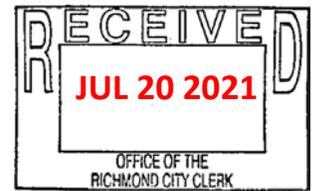
**Contact:**

Richard “Chip” Decker,  
CEO, Richmond Ambulance Authority  
804-254-1180



City of Richmond, Virginia  
City Council

Authorities, Boards, Commissions and Task Forces  
**Reappointment Application**



(Please Print or Type)

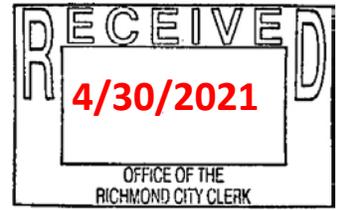
Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: Conrad	First Name: Matt
Home Street Address: 2002 Princess Anne Avenue	Home Telephone: (804) 938-7654
Home City, Zip Code: Richmond, VA 23223	Home Fax:
Personal E-Mail Address: matthewconrad@gmail.com	
Employer: Virginia Commonwealth University	
Job Title: Vice President for Government & External Relations	How Long? 8 years
Business Street Address: 910 West Franklin Street	Business Telephone: (804) 828-6035
Business City, Zip Code: Richmond, VA 23284	Business Fax:
Business E-Mail Address: maconrad@vcu.edu	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 7 Number of years? 7	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Signature: 	Date: July 20, 2021
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	

**NOTE: This application is a public document.**

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**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Forces**  
**Reappointment Application**



(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Hammond	First Name: Julia
Home Street Address: 2021 Thornleigh Rd	Home Telephone: (804) 305-1542
Home City, Zip Code: 23113	Home Fax: _____
Personal E-Mail Address: jchammond411@gmail.com	
Employer: Cozen Public Strategies	
Job Title: Government Relations Principal	How Long? 3
Business Street Address: 1021 East Cary Street	Business Telephone: (804) 762-6917
Business City, Zip Code: 23219	Business Fax: _____
Business E-Mail Address: jhammond@cozen.com	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which City Council district? _____ Number of years? _____	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.          	
Signature: <u>Julia Hammond</u>	Date: <u>04/30/2021</u>
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)	

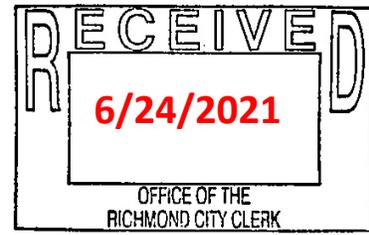
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City of Richmond, Virginia  
City Council

Authorities, Boards, Commissions and Task For  
**Reappointment Application**

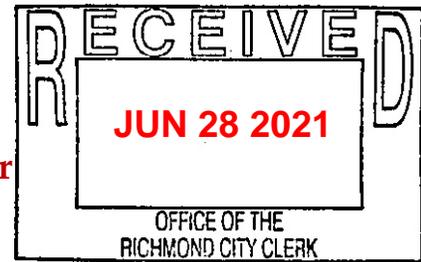


(Please Print or Type)

Name of Authority, Board, Commission or Task Force: <b>RICHMOND AMBULANCE AUTHORITY</b>	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
Last Name: Mencini	First Name: Brandon
Home Street Address: 1900 Muswell Ct	Home Telephone: (303) 907-3555
Home City, Zip Code: Midlothian, 23112	Home Fax:
Personal E-Mail Address: brandon.mencini@hcahealthcare.com	
Employer: HCA Healthcare- Chippenham Hospital	
Job Title: Chief Operating Officer	How Long? 7 months (8+ years with company)
Business Street Address: 7101 Jahnke Rd	Business Telephone: (804) 483-0803
Business City, Zip Code: Richmond, 23225	Business Fax:
Business E-Mail Address: brandon.mencini@hcahealthcare.com	
Is your place of employment located in the city of Richmond? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? Number of years?	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Signature: <u>Brandon Mencini</u>	Date: <u>06/24/2021</u>
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)	



**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Force**  
**Reappointment Application**



(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority BOD	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: Roberts	First Name: Kirk
Home Street Address: 8236 Barningham Rd	Home Telephone: (757) 592-0452
Home City, Zip Code: Richmond, VA 23235	Home Fax: _____
Personal E-Mail Address: kirksroberts@gmail.com	
Employer: CJGeo	
Job Title: Vice President	How Long? 15 years
Business Street Address: 3402 Acorn St #202	Business Telephone: (757) 566-1534
Business City, Zip Code: Williamsburg, VA 23188	Business Fax: (757) 566-3025
Business E-Mail Address: kirk@cjgeo.com	
Is your place of employment located in the city of Richmond? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is your place of employment located in the county? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 4 Number of years? 10	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.     	
Signature: <u>Kirk Roberts</u>	Date: <u>06/27/2021</u>
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)	

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## Sister Cities Commission

*Vacancies as of  
November 7, 2021*

The commission shall consist of **thirteen (13) members**, of whom at least one shall be a member of Council. The members shall be appointed by City Council. Members appointed to the commission shall either **reside or work** in the city of Richmond.

*(Assigned to the Governmental Operations Standing Committee)*

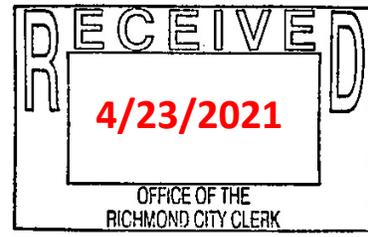
<b>Current Vacancies</b>				
Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
Nin Aseeya Ra-El	Reside or work	3 <sup>rd</sup>	First Term	10/07/2021
Zachary Reid	Reside or work	3 <sup>rd</sup>	First Term	07/25/2023
<i>Resigned effective 04/19/2021</i>				
<b>Current Membership</b>				
Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
Julianne Condrey	Reside or work	3 <sup>rd</sup>	First Term	01/09/2024
Ana F. Edwards	Reside or work	4 <sup>th</sup>	Second Term	03/21/2022
Hwan Hill	Reside or work	5 <sup>th</sup>	Second Term	10/24/2023
Thomas A. Lisk	Reside or work	2 <sup>nd</sup>	Second Term	07/25/2023
Kejie Meng	Reside or work	3 <sup>rd</sup>	First Term	11/10/2023
Catherine E. Nexsen	Reside or work	1 <sup>st</sup>	Third Term	05/12/2022
Shirl Rhoades	Reside or work	5 <sup>th</sup> District Employment	First Term	11/28/2023
Ronald Timmons	Reside or work	2 <sup>nd</sup> District Employment	First Term	09/23/2023
My Lan Tran	Reside or work	6 <sup>th</sup> District Employment	Second Term	07/25/2023
Norman E. Washington, II	Reside or work	7 <sup>th</sup>	First Term	09/09/2021
Ann-Frances Lambert	City Council Representative	3 <sup>rd</sup>	First Term	12/31/2024

**Contact:**

My Lan Tran, Chair  
 4611 Kayhoe Rd.  
 Glen Allen, Va. 23060  
 804-502-8081 (h)  
 804-344-1540 (o)  
[aabac@aabac.org](mailto:aabac@aabac.org)



**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Forces**  
**Reappointment Application**



(Please Print or Type)

<b>Name of Authority, Board, Commission or Task Force:</b> Sister Cities Commission	
<b>Title:</b> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
<b>Last Name:</b> Ra-EI	<b>First Name:</b> Nin Aseeya
<b>Home Street Address:</b> 2712 Woodrow Avenue	<b>Home Telephone:</b> 804-405-3761
<b>Home City, Zip Code:</b> Richmond, VA 23222	<b>Home Fax:</b>
<b>Personal E-Mail Address:</b> aseeya.rael@gmail.com	
<b>Employer:</b> Nubian Village Academy	
<b>Job Title:</b> Executive Director	<b>How Long? since 2001</b>
<b>Business Street Address:</b> 2712 Woodrow Avenue	<b>Business Telephone:</b> 800-463-1137
<b>Business City, Zip Code:</b> Richmond, VA 23222	<b>Business Fax:</b>
<b>Business E-Mail Address:</b> info@nubianvillageacademy.org	
<b>Is your place of employment located in the city of Richmond?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Is your place of employment located in the county?</b> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> <b>If yes, which county?</b>	
<b>Are you a city resident?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes, which City Council district?</b> 3rd <b>Number of years?</b> 10	
<b>Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment?</b> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
<b>Signature:</b> <u>Nin Aseeya Ra-EI</u> <b>Date:</b> <u>4/23/2021</u>	
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	

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City of Richmond, Virginia  
City Council

Page 1 of 2



**Authorities, Boards, Commissions and Task Forces  
Application**

(Name of Authority, Board, Commission or Task Force)

**SISTER CITIES COMMISSION**

Title: *Dr. P*  
Name: *Patricia W. Cummins Patri*  
Home Address: 014326 14326 FOX HURST TERR MIDLOTHIAN VA 23113-  
Home Telephone: 8045360429 Home Fax:   
Personal E-Mail Address: patriciawcummins@gmail.com  
Employer: Virginia Commonwealth University  
Job Title: Professor of French and International Studies How Long? 21  
Business Address: 000312 NORTH SHAFER ST. Scho RICHMOND VA 23284-  
Business Telephone: 8045360429 Ext: Business Fax:   
Business E-Mail Address: pcummins@vcu.edu  
Is Your Place of Employment Located in the city of Richmond Yes  
Is your Place of Employment Located in the County? No If Yes, Which County?   
Are You A City Resident? No If Yes, Which City Council District? Number of Years?

Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? No

If yes, please provide information on the nature of the contract.

Please List Your Educational Background and/or Other Expertise or Qualifications You Will Bring to This Authority, Board, Commission or Task Force:

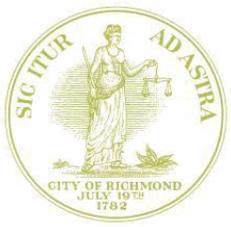
*Professor of French and International Studies at VCU. Served as Richmond Sister Cities Commission as Vice Chair in 2011 and as Chair in 2012-17.*

List other city of Richmond Authorities, Boards, Commissions or Task Forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

*I am bilingual and have engaged in a number of projects with our French-speaking sister city in Segou.*

Other Community Involvement:

*I previously served two terms on the Richmond Sister Cities Commission and arranged for local and international events with representatives of our sister cities. After rotating off the commission in 2017 I continued to participate in sister cities events and hosted African visitors on the campus of VCU. I also obtained funding to help host events at VCU and travel to and from our African sister cities from 2012-17. I was invited by Commission members to reapply, especially since the Virginia Friends of Mali commissioner who works with our French-speaking sister city in Africa is rotating off the commission. I am involved in relevant projects in West Africa that will benefit the commission over*



**Authorities, Boards, Commissions and Task Forces  
Application**

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*the next three years.*

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**(OPTIONAL) Please List Additional Information You Would Like Considered, or You May Copy and Paste Your Short Resume.**

*My students and I have engaged in a number of Sister Cities events. I organized the 2013 Women, War and Peace conference that VCU and the Richmond Sister Cities Commission cosponsored with other community groups, and it won a Sister Cities International Humanitarian Award.*

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**How Did You Hear About or Who Referred You to Apply for Appointment to This Authority, Board, Commission or Task Force?**

*Dr. Patricia W. Cummins (Virginia Commonwealth University) is President of the Africa Business and E*

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**NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.**

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# Human Rights Commission

*Vacancies as of  
November 7, 2021*

The commission shall be composed of **13 members** appointed by the Council and the Mayor as follows:

- (a) Eleven **adult members** of whom the **Council shall appoint six** and the **Mayor five**.
- (b) 2 - non-voting youth members who shall be students of public schools administered by the School Board of the city of Richmond, Virginia, enrolled in the 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grades. Of these two youth members, the Council shall appoint one and the Mayor shall appoint one.

All members of the Commission shall be **residents of the city** of Richmond and shall be broadly representative of the community with respect to race, color, religion, sex, pregnancy, childbirth or related medical conditions, national origin, age, marital status, disability, sexual orientation, transgender status, or gender identity.

*(Assigned to the Organizational Development Standing Committee)*

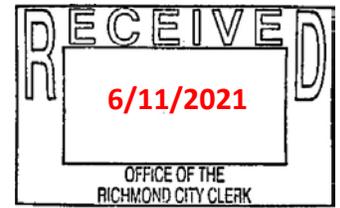
<b>Current Vacancies</b>				
<b>Member Name</b>	<b>Criteria for Appointment</b>	<b>Live / Work District</b>	<b>Term</b>	<b>Terminate</b>
Jimez Ashby	Adult Member	2 <sup>nd</sup>	First Term	10/07/2021
			<i>Contacted – awaiting response</i>	
Kasia Carrington	Youth Member	6 <sup>th</sup>	First Term	02/21/2021
			<i>Not eligible for reappointment</i>	
Nicholas Garcia	Adult Member	2 <sup>nd</sup>	First Term	10/07/2021
			<i>Contacted – no response received</i>	
Josie R. Mace	Adult Member	9 <sup>th</sup>	First Term	10/07/2021
Nidal Mahayni	Adult Member	4 <sup>th</sup>	First Term	10/07/2021
			<i>Not interested in reappointment</i>	
Jazz Michael Miles <b>Mayoral Appointment</b>	Youth Member	7 <sup>th</sup>	First Term	08/31/2021
			<i>Mayor's office notified</i>	
Jennifer Moon	Adult Member	1 <sup>st</sup>	First Term	10/07/2021
Joseph Papa <b>Mayoral Appointment</b>	Adult Member	1 <sup>st</sup>	First Term	10/21/2021
			<i>Mayor's office notified</i>	
Cristina Dominguez Ramirez <b>Mayoral Appointment</b>	Adult Member	5 <sup>th</sup>	First Term	10/21/2021
			<i>Mayor's office notified</i>	
Santa Rivera Sorenson	Adult Member	4 <sup>th</sup>	First Term	10/21/2021
Riqia E. Taylor	Adult Member	3 <sup>rd</sup>	First Term	10/07/2021
<b>Current Membership</b>				
<b>Member Name</b>	<b>Criteria for Appointment</b>	<b>Live / Work District</b>	<b>Term</b>	<b>Terminate</b>
Jer'Mykeal McCoy <b>Mayoral Appointment</b>	Adult Member	7 <sup>th</sup>	First Term	10/21/2024
Zakia Mckensey <b>Mayoral Appointment</b>	Adult Member	7 <sup>th</sup>	First Term	10/21/2024

**Contact:**

Osita Iroegbu  
Senior Policy Advisor City of Richmond, Mayor's Office  
804-646-4336



City of Richmond, Virginia  
City Council  
Authorities, Boards, Commissions and Task Forces  
**Reappointment Application**



(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Human Rights Commission	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
Last Name: Mace	First Name: Josie
Home Street Address: 3022 2nd Ave	Home Telephone: (804) 513-4693
Home City, Zip Code: Richmond, VA 23222	Home Fax:
Personal E-Mail Address: josiermace@gmail.com	
Employer: Commonwealth of Virginia/Dept. of Behavioral Health & Dev. Services	
Job Title: Legislative Affairs Manager	How Long? 6 months
Business Street Address: 1220 Bank St	Business Telephone:
Business City, Zip Code: Richmond, VA 23218	Business Fax:
Business E-Mail Address: josie.mace@dbhds.virginia.gov	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 6 Number of years? 2	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Signature: <u>Josie R. Mace</u>	Date: <u>06/11/2021</u>
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)	

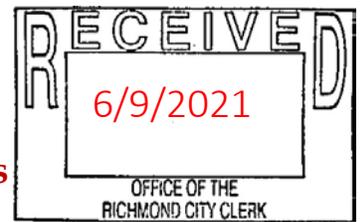
**NOTE: This application is a public document.**

Office of the City Clerk, 900 East Broad Street, Suite 200, Richmond, Virginia U.S.A. 23219  
Telephone: (804) 646-7955 • Fax: (804) 646-7736  
[www.richmondgov.com/cityclerk](http://www.richmondgov.com/cityclerk)



City of Richmond, Virginia  
City Council

Authorities, Boards, Commissions and Task Forces  
**Reappointment Application**



(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Human Rights Commission	
Title: Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
Last Name: Moon	First Name: Jennifer
Home Street Address: 308 Clovelly Road	Home Telephone: (804) 436-3208
Home City, Zip Code: Richmond, Virginia 23221	Home Fax:
Personal E-Mail Address: jbmoonfam@gmail.com	
Employer: Senate of Virginia	
Job Title: Legislative Aide	How Long? 3 yrs
Business Street Address: 900 East Main Street	Business Telephone: (804) 698-7527
Business City, Zip Code: Richmond, Virginia 23219	Business Fax:
Business E-Mail Address: district27@senate.virginia.gov	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 1 Number of years? 9	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Signature: <u>Jennifer B. Moon</u>	Date: <u>06/09/2021</u>
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)	

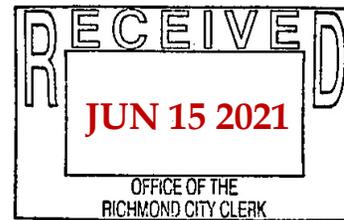
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City of Richmond, Virginia  
City Council

Authorities, Boards, Commissions and Task Forces  
**Reappointment Application**



(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Human Rights Commission

Title: Mr. Mrs. Ms. Miss. Dr. Other: Ms.

Last Name: Sorenson First Name: Santa

Home Street Address: 6501 Hagueman Drive

Home Telephone: C: 804-248-0597

Home City, Zip Code: Richmond 23225

Home Fax: 804-233-2474

Personal E-Mail Address: santaredhawk@gmail.com

Employer: Self

Job Title: Trauma and conflict Resolution Specialist How Long? 20 years

Business Street Address: 6501 Hagueman Drive

Business Telephone: C: 804-248-0593

Business City, Zip Code: Richmond 23225 Business Fax: 804-233-2474

Business E-Mail Address: santaredhawk@gmail.com

Is your place of employment located in the city of Richmond? Yes

Is your place of employment located in the county? No If yes, which county?

Are you a city resident? Yes If yes, which City Council district? 4th Number of years? 21

Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? No

If yes, please provide information on the nature of the contract.

Signature: Date:

*Santa Sorenson* June 11, 2021

(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)



City of Richmond, Virginia  
City Council  
Authorities, Boards, Commissions and Task Forces  
**Reappointment Application**



(Please Print or Type)

Name of Authority, Board, Commission or Task Force: <i>Human Rights Commission</i>	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
Last Name: <i>Taylor</i>	First Name: <i>Rigia</i>
Home Street Address: <i>800 Semmes Ave Apt 1006</i>	Home Telephone: <i>757-286-2344</i>
Home City, Zip Code: <i>Richmond, 23224</i>	Home Fax:
Personal E-Mail Address: <i>RigiaTaylor@gmail.com</i>	
Employer: <i>Ingenious Leadership Consulting, LLC</i>	
Job Title: <i>Owner</i>	How Long? <i>1 year</i>
Business Street Address: <i>800 Semmes Ave. Apt 1006</i>	Business Telephone:
Business City, Zip Code: <i>Richmond, 23224</i>	Business Fax:
Business E-Mail Address: <i>rigia@ingeniousleadership.com</i>	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? <i>6th</i> Number of years? <i>7 years</i>	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.  <i>N/A</i>	
Signature: <i>Rigia E. Taylor</i>	Date: <i>26 May 2021</i>
(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)	

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