



Public Safety Standing Committee

Boards & Commissions Vacancy Report

Tuesday, July 22, 2025

Board Name	Criteria for Appointment	Applicant Name
Advisory Board for the Assessment of Towing Fees and the Storage of Vehicles (7 members) (page 2)	Towing and Recovery Operator* (1 vacancy)	Tabitha Shearin 8 th District Employment (page 3)
	Police Department representative* (1 vacancy)	<i>No applications</i>
Community Criminal Justice Board (15 members) (page 5)	Public Defender* (1 vacancy)	Tracey Paner 6 th District Employment (reappointment, page 7)
	At-large member* (3 vacancies)	David Smith 4 th District Resident (reappointment, page 8)
	A local educator* (1 vacancy)	<i>No applications</i>
	City Council representative (1 vacancy)	<i>Vacant</i>
Richmond Ambulance Authority (11 members) (page 9)	* (5 vacancies)	Julia Hammond 6 th District Employment (reappointment, page 10) Mark Hickman 5 th District Resident (reappointment, page 11) Kirk Roberts 4 th District Resident (reappointment, page 12) Andrew Walker 9 th District Resident (reappointment, page 13) Marilyn West 3 rd District Resident (reappointment, page 14)

*Applicants must either reside or have a principal place of employment in the city.

Advisory Board for the Assessment of Towing Fees and the Storage of Vehicles

*Vacancies as of
November 9, 2025*

The Advisory Board for the Assessment of Towing Fees and the Storage of Vehicles shall have:

(3) representatives of the Police Department

(3) towing and recovery operators

(1) member of the general public, who shall be a citizen of the City of Richmond to be appointed by Council.

Four members of the board shall constitute a quorum.

(Assigned to the Public Safety Standing Committee)

Current Vacancies				
Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
Megan Amaya	Towing and Recovery Operator	8 th District Employment	Second	05/12/2025
			<i>Term Limit</i>	
Harold Giles	Police Department Representative	4 th	Second	09/09/2025
			<i>Term Limit</i>	
Current Membership				
Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
Mathew Appelget	Citizen Member	3 rd	First	05/24/2026
Chief Sydney Collier	Police Department Representative	2 nd District Employment	First	05/12/2028
Ronda Lawson	Towing and Recovery Operator	8 th District Employment	Second	06/10/2028
Johnny McRoy, II	Police Department Representative	2 nd District Employment	Second	03/22/2028
Abin Thomas	Towing and Recovery Operator	8 th District Employment	Partial	05/24/2026

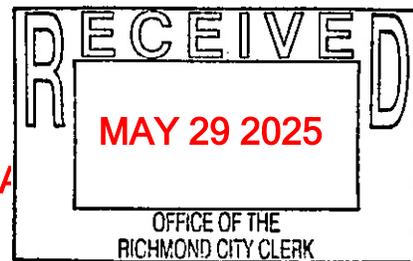
Contact:

Lynne Lancaster
 City of Richmond- DPW/ Parking Division
 900 E. Broad Street, Room 707
 Richmond, VA 23219
 804-646-6006
Lynne.Lancaster@Richmondgov.com



City of Richmond, Virginia
City Council

Authorities, Boards, Commissions, and Task Forces A



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

ADVISORY BOARD FOR THE ASSESSMENT OF TOWING FEES AND THE STORAGE OF VEHICLES

Title: *Ms*

Name: *Tabitha Lynn Shearin*

Home Address: *009629 KENNESAW ROAD N. CHESTERFIELD VA 23236*

Home Telephone: *804-896-3146*

Home Fax:

Personal E-Mail Address: *Tkitts0621@gmail.com*

Employer: *Simply Towing & Recovery*

Job Title: *GM*

How Long?

Business Address: *000642 E SOUTHSIDE PLZ RICHMOND VA 23224*

Business Telephone: *804-674-1283*

Ext: *0*

Business Fax:

Business E-Mail Address: *simplytowing804@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? *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*

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.



City of Richmond, Virginia
City Council

Authorities, Boards, Commissions, and Task Forces Application

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:

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.

High school degree. I have Successfully managed an 11-vehicle tow truck fleet for several years. As a family member of Simply Towing, I personally interact with the public in a direct and professional manner

Other Community Involvement:

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

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

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Community Criminal Justice Board

*Vacancies as of
November 9, 2025*

Fifteen (15) members appointed by the City Council, to include the following:

- A Judge of the Circuit Court
- A Judge of the General District Court
- A Judge of the Juvenile and Domestic Relations Court
- The Chief Magistrate
- The Chief of Police
- An Attorney for the Commonwealth
- The Public Defender or an attorney who is experienced in the defense of criminal matters
- The Sheriff
- A local educator
- An administrator of a community services board
- A City Council member
- Four (4) citizen members (at-large members may be selected from nominees presented to the City Council by the board)

(Assigned to the Public Safety Standing Committee)

Current Vacancies				
Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
Dr. Blythe A. Bowman Balestrieri	Local Educator	2 nd District Employment	Third	4/14/2024
			<i>Term limit</i>	
Alice Minium	At-large city resident	2 nd	First	09/08/2026
			<i>Resigned</i>	
Dr. Michon Moon	At-large city resident	6 th District Employment	Second	9/10/2025
			<i>Term limit</i>	
Tracy E. Paner	Public Defender	6 th District Employment	Fifth	9/14/2025
			<i>Application included</i>	
David Smith	At-large city resident	4 th	First	9/13/2025
			<i>Application included</i>	
Vacant	City Council Representative			
Current Membership				
Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
Police Chief Rick Edwards	Richmond Police Department	2 nd District Employment	Indefinite	Indefinite
Crystal Fitzgerald	Designee/An Attorney of the Commonwealth	6 th District Employment	Third	2/10/2026
Judge Marilyn C. Goss	Judge, Juvenile & Domestic Relations Court	6 th District Employment	Fourth	3/11/2026
DJ Haskin	Chief Magistrate	6 th District Employment	First	Indefinite
Sheriff Antionette Irving	Sheriff	6 th District Employment	Indefinite	Indefinite

Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
Helen Wallace MacDonald	At-large city resident	7 th	First	09/07/2026
Judge Jacqueline McClenney	Judge, Richmond Circuit Court	6 th District Employment	First	09/08/2026
Judge Mansi Shah	Judge, Richmond General District Court Criminal Division	6 th District Employment	Third	5/23/2027
Scott Ward	An administrator of a community services board	6 th District Employment	First	05/11/2027

Contact:

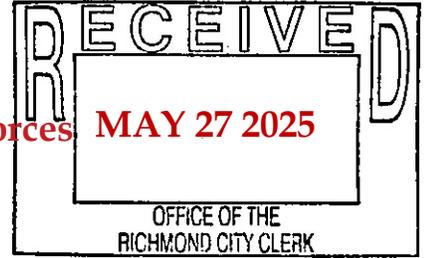
Rhonda Gilmer
 Adult Services Manager
 Department of Justice Services
 804-646-5410 (0)
Rhonda.gilmer@richmondgov.com



City of Richmond, Virginia
City Council

Authorities, Boards, Commissions and Task Forces

Reappointment Application

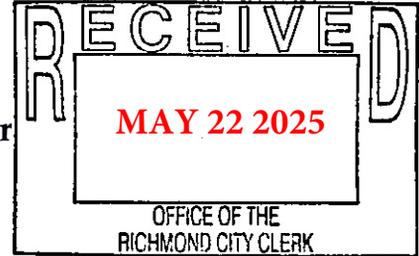


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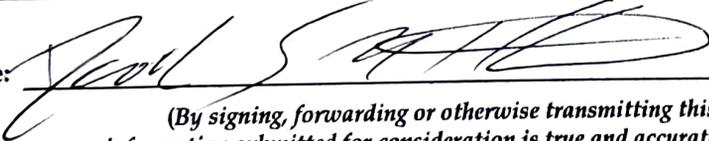
Name of Authority, Board, Commission or Task Force:	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>	
Last Name:	First Name:
Home Street Address:	Home Telephone:
Home City, Zip Code:	Home Fax:
Personal E-Mail Address:	
Employer:	
Job Title:	How Long?
Business Street Address:	Business Telephone:
Business City, Zip Code:	Business Fax:
Business E-Mail Address:	
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>Tracy Lane</u> Date: _____	
(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: COMMUNITY CRIMINAL JUSTICE BOARD	
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: Smith	First Name: David
Home Street Address: 8337 Abbey Rd	Home Telephone: 804-481-5934
Home City, Zip Code: Richmond, VA 23235	Home Fax: _____
Personal E-Mail Address: dwsmith78@gmail.com	
Employer: Inthrive, LLC (Self-employed)	
Job Title: Principal	How Long? 3 years
Business Street Address: 8337 Abbey Rd	Business Telephone: 804-481-5934
Business City, Zip Code: Richmond, VA 23235	Business Fax: _____
Business E-Mail Address: david@inthriveadvocacy.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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 4 Number of years? 3	
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: 05/23/2025
<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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Richmond Ambulance Authority

*Vacancies as of
November 9, 2025*

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)

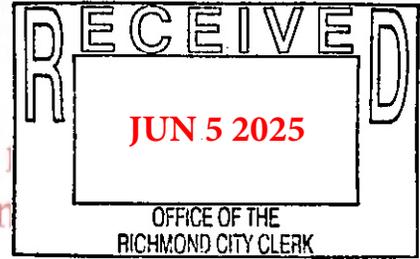
Current Vacancies				
Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
Julia Hammond	Reside or work	6 th District Employment	Third	09/10/2025
			<i>Application included</i>	
Mark Hickman	Reside or work	5 th	First	10/24/2025
			<i>Application included</i>	
Kirk Roberts	Reside or work	4 th	Second	10/24/2025
			<i>Application included</i>	
Andrew Walker	Reside or work	9 th District Employment	First	10/24/2025
			<i>Application included</i>	
Marilyn West	Reside or work	3 rd	Second	10/24/2025
			<i>Application included</i>	
Current Membership				
Member Name	Criteria for Appointment	Live / Work District	Term	Terminate
DeWitt C. Baldwin, III	Reside or work	2 nd	Third	01/09/2026
Carlos Hopkins	Reside or work	6 th District Employment	Third	11/28/2025
Joseph Trapani	Reside or work	7 th	Second	06/10/2027
Odie Donald, II	Chief Administrative Officer	6 th District Employment	First	Shall serve during the time they hold such office
Reva Trammell	City Council Representative	8 th	First	12/31/2028
Shelia White	Director of Finance	6 th District Employment	First	Shall serve during the time they hold such office

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)

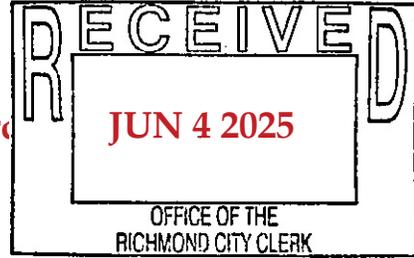
Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: Hammond	First Name: Julia
Home Street Address: 2021 Thornleigh Rd	Home Telephone: (804) 305-1542
Home City, Zip Code: Midlothian, 23113	Home Fax:
Personal E-Mail Address: jchammond411@gmail.com	
Employer: Cozen O'Connor Public Strategies	
Job Title: Senior Principal	How Long? 6 years, 11 months
Business Street Address: 1021 E. Cary Street, Suite 1420	Business Telephone:
Business City, Zip Code: Richmond, 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>5/21/25</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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Reappointment Application



(Please Print or Type)

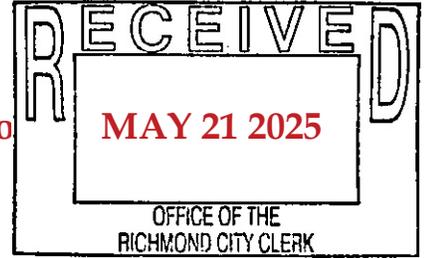
Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: Hickman	First Name: Mark
Home Street Address: 403 S Stafford Ave	Home Telephone: (804) 218-4428
Home City, Zip Code: Richmond, VA 23220	Home Fax: <input type="text"/>
Personal E-Mail Address: mhickmanrva@gmail.com (please use business e-mail below)	
Employer: Virginia Commonwealth University	
Job Title: Senior Director for State Government Relations	How Long? 3 years, 5 months
Business Street Address: 830 E Main St	Business Telephone: (804) 628-3417
Business City, Zip Code: Richmond, VA 23219	Business Fax: <input type="text"/>
Business E-Mail Address: hickmanmp@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? <input type="text"/>	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 5 Number of years? 15	
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>Mark Hickman</u> Date: <u>06/04/2025</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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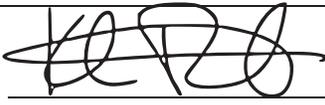
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Reappointment Application



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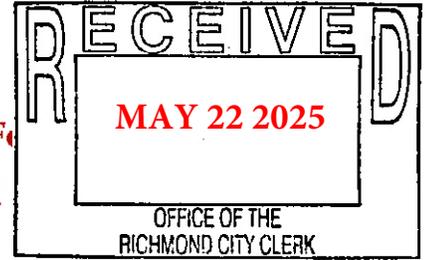
Name of Authority, Board, Commission or Task Force:		RICHMOND AMBULANCE AUTHORITY	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>			
Last Name: Roberts		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, Inc			
Job Title: Vice President		How Long? 23 years	
Business Street Address: 3402 Acorn St #202		Business Telephone: 800-428-5690	
Business City, Zip Code: Williamsburg, VA 23188		Business Fax:	
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? James City			
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 4 Number of years? 14			
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: 5/21/2025	
(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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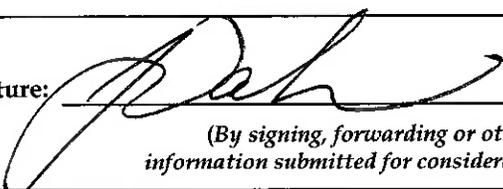
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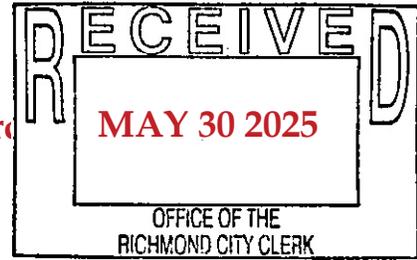
Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: Walker	First Name: Andrew
Home Street Address: 6460 Burnt Mills Lane	Home Telephone: (804) 432-5184
Home City, Zip Code: Moseley, VA 23120	Home Fax: N/A
Personal E-Mail Address: <u>andrew.drew.walker@gmail.com</u>	
Employer: HCA	
Job Title: Chief Executive Officer	How Long? 2 years
Business Street Address: 7700 E. Parham Road	Business Telephone: (804) 747-5717
Business City, Zip Code: 23294	Business Fax: (804) 747-5786
Business E-Mail Address: Andrew.Walker5@hcahealthcare.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? <u>Henrico</u>	
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></u>	Date: <u>05/22/25</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 Force
Reappointment Application



(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Ambulance Authority	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Other: <input type="checkbox"/>	
Last Name: West	First Name: Marilyn
Home Street Address: 1401 Wentbridge Road	Home Telephone: (804) 353-0549
Home City, Zip Code: 23227	Home Fax: <input type="checkbox"/>
Personal E-Mail Address: mhwestcon@aol.com	
Employer: M. H. West & Co., Inc.	
Job Title: CEO	How Long? 34 Years
Business Street Address: Ssme as Above (TEMP)	Business Telephone: (804) 337-7575
Business City, Zip Code: 23227	Business Fax: <input type="checkbox"/>
Business E-Mail Address: Same as Above	
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? 3rd Number of years? 47	
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>Marilyn H. West</u> Date: <u>05/30/2025</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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