



# Capital Area Alcohol Safety Action Program (ASAP) Policy Advisory Board

## Vacancy Chart

*as of*  
May 10, 2020

The Advisory Board shall consist of sixteen (16) members. City of Richmond - Council appoints four (4) members to the Board. Hanover County Board of Supervisors appoints (2) members. These six (6) board members select an additional ten (10) members.

(Assigned to the Public Safety Standing Committee)

<b>Member</b>	<b>Patron</b>	<b>Expiration Date</b>	<b>Eligible for Reappoint.</b>	<b>Interested in Reappoint.</b>	<b>Qualification</b>
Ashley Lockhart	All Members of Council	01/10/2020	Yes	Yes - Application included	Reside and/or work
Chief Carlton Edwards	All Members of Council	03/26/2018	Yes	Unable to Contact	Reside and/or work

**Contact:**

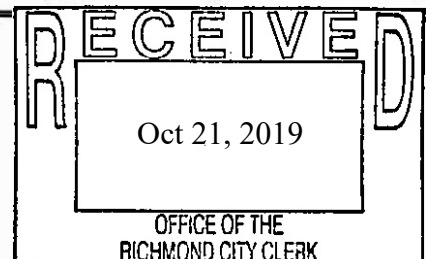
James Johnson, Executive Director,  
Capital Area Alcohol Safety Action Program (ASAP) Policy Advisory Board  
(804) 367 – 6090  
[caasap@aol.com](mailto:caasap@aol.com)



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: Capital Area Alcohol Safety Action Policy Advisory Board	
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: Lockhart	First Name: Ashley
Home Street Address: 2121 Hanover Ave.	Home Telephone: 434-249-1386
Home City, Zip Code: Richmond, VA 23220	Home Fax: _____
Personal E-Mail Address: AshleyPLockhart@gmail.com	
Employer: State Council of Higher Education for Virginia	
Job Title: Coordinator for Academic Initiatives	How Long? Approx. 4 years
Business Street Address: 101 N. 14th Street	Business Telephone: 804-225-2627
Business City, Zip Code: Richmond, VA 23219	Business Fax: _____
Business E-Mail Address: AshleyLockhart@schev.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? 2 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: <u>Ashley Lockhart</u>	Date: <u>10/21/19</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>	



NOTE: This application is a public document.

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[www.richmondgov.com/cityclerk](http://www.richmondgov.com/cityclerk)

# Citizen Advisory Commission on Alternatives to Incarceration

## Vacancy Chart

*As of  
May 10, 2020*

The commission shall be composed of 15 members appointed by City Council. Eight (8) members shall be nominated by council and seven (7) members nominated by the mayor.

The members of the commission, at least eight of whom shall be residents of the city, shall be representatives from any combination of the following categories, provided that no member shall be an employee of any correctional facility:

1. Resident of a community within the city where correctional resident-based services, establishments providing alternatives to incarceration or correctional facilities are located
2. At-large resident of the city
3. Richmond Public Schools
4. Workforce development agency
5. Small minority business development organization
6. Technical educational institution
7. Higher educational institution
8. Law enforcement
9. State or local department of social services
10. Administrator of a community-based corrections program
11. Faith-based community organization
12. Business community
13. Council member representing the district in which the Justice Center is located

Non-voting Members:

Chief Administrative Officer or his designee.

The commission may elect from its membership a chairman and other officers it deems necessary in accordance with its rules of procedure or bylaws.

(Assigned to the Public Safety Standing Committee)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Rachel Bradshaw	All member of council	03/14/2020	Yes	Yes – Application included	At-Large Resident
Daniel Callahan	All member of council	03/14/2020	Yes	Contacted – No response	At-Large Resident
Brandon Cox	Mayor	03/11/2020	No	Resigned	At-Large Resident
James Killingsworth	Mayor	12/10/2012	Yes	Mayor’s office notified	Law Enforcement
Amy Wentz	Mayor	10/08/2019	Yes	Resigned	At-Large Member
DeVon Simmons	Mayor	10/08/2019	Yes	Mayor’s Office Notified	At-Large Resident
John Irvin	Mayor	10/08/2019	Yes	Mayor’s Office Notified	At-Large Resident
Nathaniel Harris	Mayor	10/08/2019	Yes	Mayor’s Office Notified	At-Large Resident
Miles Gordon	Mayor	10/08/2019	Yes	Mayor’s Office Notified	At-Large Resident

**Contact:** None listed at this time



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:

Citizen's Advisory Commission on Alternatives to Incarceration

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

Last Name: Bradshaw

First Name: Rachel

Home Street Address: 1928 Floyd Ave.

Home Telephone: 804 350 2262

Home City, Zip Code: Richmond, VA 23220

Home Fax:

Personal E-Mail Address: rmswyers@gmail.com

Employer: Capital One

How Long? 2 years

Job Title: Senior Legal Specialist

Business Telephone:

Business Street Address: 15000 Capital One Dr.

Business Fax:

Business City, Zip Code: Richmond, VA 23238

Business E-Mail Address: rachel.bradshaw@capitalone.com

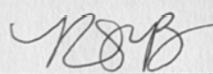
Is your place of employment located in the city of Richmond? Yes  No

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

Are you a city resident? Yes  No  If yes, which City Council district? 2nd 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  No

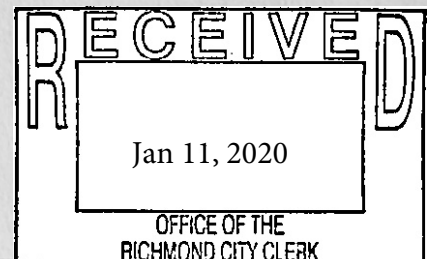
If yes, please provide information on the nature of the contract.

Signature: 

Date: 1/11/2020

(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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# Community Criminal Justice Board

## Vacancy Chart

*as of*

May 10, 2020

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; and
- 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)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Blythe Bowman Balestrieri	All Members of Council	04/14/2020	Yes	Yes – Application included	Local Educator
Kelly Horne	All Members of Council	04/14/2020	Yes	Yes – Application included	Citizen Representative
Eric Reynolds	All Members of Council	03/14/2020	Yes	Contacted – No response	Citizen Representative
Marilynn Goss	All Members of Council	03/11/2020	Yes	Yes – Application included	Judge of the Juvenile & Domestic Rel. Court
Michael Herring	All Members of Council	11/11/2019	No	-	Commonwealth Attorney

### Contact:

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



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

(Please Print or Type)

<b>Name of Authority, Board, Commission or Task Force:</b> Community Criminal Justice Board	
<b>Title:</b> 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"/>	
<b>Last Name:</b> Fitzgerald	<b>First Name:</b> Crystal
<b>Home Street Address:</b> 10761 Providence Woods Ln	<b>Home Telephone:</b> 804-370-4762
<b>Home City, Zip Code:</b> Ashland, VA 23005	<b>Home Fax:</b>
<b>Personal E-Mail Address:</b> crystal.foster.83@gmail.com	
<b>Employer:</b> Richmond Commonwealth's Attorney's Office	
<b>Job Title:</b> Supervising Assistant Commonwealth's Atty	<b>How Long?</b> 8 years
<b>Business Street Address:</b> 400 N. 9th St. room 100	<b>Business Telephone:</b> 804-646-8055
<b>Business City, Zip Code:</b> Richmond, VA 23219	<b>Business Fax:</b>
<b>Business E-Mail Address:</b> crystal.foster.fitzgerald@richmondgov.com	
<b>Is your place of employment located in the city of Richmond?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Is your place of employment located in the county?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?	
<b>Are you a city resident?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which City Council district?      Number of years?	
<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 type="checkbox"/> No <input type="checkbox"/> If yes, please provide information on the nature of the contract.	
<b>Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force:</b> B.A. Degree in Political Science from Hampton University, 2005. Juris Doctorate Degree from William & Mary School of Law, 2009. I believe that my 8 years of experience as a Richmond Prosecutor will help me serve as an asset to this board.	

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

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.

Entity: N/A  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Entity: \_\_\_\_\_  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Entity: \_\_\_\_\_  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

**Other community involvement:**

I am a member of The Links, Incorporated, an all women volunteer service non-profit organization.

I am an Advisory Board member of The Continental Societies, Incorporated Richmond Chapter, a non-profit public service organization.

I am also leader of The Young Adults ministry at St. Philip's Episcopal Church, where we plan and participate in community service activities.

**OPTIONAL**

Please list additional information you would like considered, or you may attach your resume or other information.

I am currently the Supervising Assistant Commonwealth's Attorney that handles and supervises the city's special programs that serve as alternatives to incarceration.

Check this box if your resume is attached.

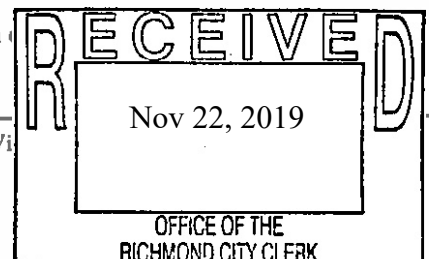
How did you hear about or who referred you to apply for appointment to this authority, board, commission or task force?

I was referred to apply for appointment by Colette McEachum, Commonwealth's Attorney for the City of Richmond.

Signature: Cystal Jester Infante Date: 11/22/19  
(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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Name of Authority, Board, Commission or Task Force: **COMMUNITY CRIMINAL JUSTICE BOARD**

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

Last Name: First Name: **Bowman Balestrieri, Blythe Alison**

Home Street Address: 1401 Stone River Road

Home Telephone: 804-836-9512

Home City, Zip Code: Richmond VA 23235

Home Fax: N/A

Personal E-Mail

Address:

blythealisonbowman@g  
mail.com

Empl

oyer:

VCU

Job Title: How Long? **10 yrs**

Business Street Address: 1001 W Franklin St #2013

Business Telephone: 804-828-5708

Business City, Zip Code: Richmond VA 23284

Business Fax: ?

Business E-Mail

Address:

bbalestrieri@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? **N/A**

Are you a city resident? **NO** (mailing address is Richmond or N. Chesterfield)

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**

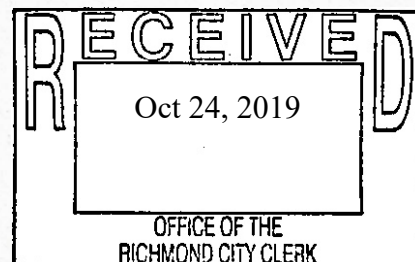
If yes, please provide information on the nature of the contract. **N/A**

Signature:



Date: **10-24-2019.**

*(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.**

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Page 1 of 1  
Revised -04/01/14

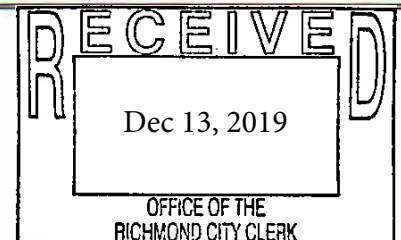
City of Richmond, Virginia City Council **Authorities, Boards,**  
**Commissions and Task Forces Reappointment**  
**Application**



**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:		Community Criminal Justice Board	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/>			
Last Name: Horne		First Name: Kelly	
Home Street Address: 949 Arch Hill Dr.		Home Telephone:	
Home City, Zip Code: 23236		Home Fax:	
Personal E-Mail Address: kkhorne@homewardva.org			
Employer: Homeward			
Job Title: Executive Director		How Long? 15	
Business Street Address: 9211 Forest Hill Ave #200		Business Telephone: 804/343-2045	
Business City, Zip Code: 23235		Business Fax: 804/343-2049	
Business E-Mail Address: kkhorne@homewardva.org			
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 checked="" type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide information on the nature of the contract. As the lead agency for the Greater Richmond Continuum of Care, Homeward receives non-departmental funding to provide planning on homelessness for the City.			
Signature: <u>Kelly Horne</u>		Date: <u>12/13/2019</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>			



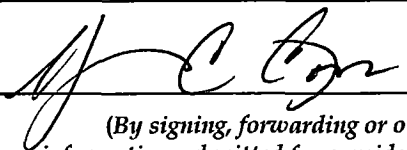
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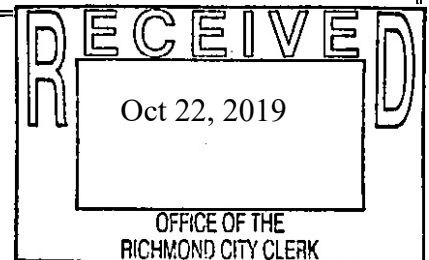


**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Forces**  
**Reappointment Application**

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: <b>Community Criminal Justice Board</b>	
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: <b>Goss</b>	First Name: <b>Marilynn</b>
Home Street Address: _____	Home Telephone: _____
Home City, Zip Code: _____	Home Fax: _____
Personal E-Mail Address: _____	
Employer: <b>Commonwealth of Virginia</b>	
Job Title: <b>Judge</b>	How Long? <b>11 years</b>
Business Street Address: <b>1600 Oliver Hill Way</b>	Business Telephone: <b>804-646-2918</b>
Business City, Zip Code: <b>Richmond, VA 23219</b>	Business Fax: <b>804-646-3398</b>
Business E-Mail Address: <b>mgoss@vacourts.gov</b>	
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? <b>8</b> Number of years? <b>16</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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.   	
Signature: _____ 	Date: <b>10/22/19</b>
<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

## Vacancy Chart *as of* May 10, 2020

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. Eight (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 need not live or work in the city as a condition of their membership. (Per opinion from City Attorney's Office by e-mail dated June 7, 2010).

(Assigned to the Public Safety Standing Committee)

<b>Member</b>	<b>Patron</b>	<b>Expiration Date</b>	<b>Eligible for Reappoint.</b>	<b>Interested in Reappoint.</b>	<b>Qualification</b>
Joseph Boatwright	All members of Council	11/28/2019	No	-	Reside or work in the city
Elizabeth Matish	All members of Council	10/24/2019	No	-	Reside or work in the city

**Contact:**

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



City of Richmond, Virginia  
City Council

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

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

**RICHMOND AMBULANCE AUTHORITY**

Title: \_\_\_\_\_  
Name: *Carlos Hopkins*  
Home Address: 001501 SKIRMISH RUN DRIVE HENRICO VA 23228  
Home Telephone: \_\_\_\_\_ Home Fax: \_\_\_\_\_  
Personal E-Mail Address: *carlos.hopkins@governor.virginia.gov*  
Employer: Commonwealth of Virginia  
Job Title: Secretary of Veterans and Defense Affairs How Long? 5  
Business Address: 001111 EAST BROAD ST RICHMOND VA 23219  
Business Telephone: 804-225-3826 Ext: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Business E-Mail Address: *carlos.hopkins@governor.virginia.gov*  
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:

*I currently serve as Virginia's Secretary of Veterans and Defense Affairs, the Governor's key liaison with the federal Department of Veterans Affairs and the Department of Defense. I oversee two state agencies-Department of Veterans Services and the Department of Military Affairs. I have extensive experience in the operations of state government, having previously served as Counsel to former Governor McAuliffe. I also previously served as a Deputy Commonwealth's Attorney and Deputy City Attorney for the City of Richmond and have extensive knowledge of the operations of the City. In addition, I am a Colonel in the Virginia National Guard, serving as a Judge Advocate (lawyer).*

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 graduated from The Citadel in Charleston, South Carolina with a Bachelor's degree in Political Science. I then received my law degree from the University of Richmond. I am licensed and in good standing with the Virginia State Bar.*

Other Community Involvement:

1/13/2020



City of Richmond, Virginia  
City Council

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

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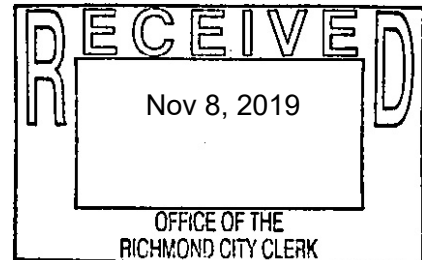
**(OPTIONAL) Please List Additional Information You Would Like Considered, or You May Copy and Paste Your Short Resume.**

*I currently serve as an adjunct law professor at the University of Richmond in the clinical placement program.*

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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?**

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[www.richmondgov.com/cityclerk](http://www.richmondgov.com/cityclerk)

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

## Vacancy Chart

*as of*  
May 10, 2020

The Advisory Board for the Assessment of Towing Fees and the Storage of Vehicles shall have three (3) representatives of the Police Department, three (3) towing and recovery operators, and one (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)*

<b>Member</b>	<b>Patron</b>	<b>Expiration Date</b>	<b>Eligible for Reappoint.</b>	<b>Interested in Reappoint.</b>	<b>Qualification</b>
Joshua Mathews-Ailsworth	All members of Council	05/24/2019	Yes	No	Citizen Representative
Victoria Pearson	All members of Council	03/11/2019	No	-	Police Department Representative

**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](mailto:Lynne.Lancaster@Richmondgov.com)