



Governmental Operations Standing Committee
 Boards & Commissions
 Quarterly Vacancy Report

Thursday, July 23, 2020

Board Name	Criteria for Appointment	Applicant Name
Sister Cities Commission (13 members) (page 2)	* (1 vacancy)	Hwan Hill 5 th District Resident (reappointment, page 3)
Board of Trustees of the Richmond Retirement System (7 members) (page 4)	* (1 vacancy)	Elizabeth Jennings 1 st District Resident (reappointment, page 5) Chung Ma 2 nd District Resident (page 6)
	Classified Service Representative (1 vacancy)	David Naoroz 2 nd District Employment (reappointment, page 8)
	* (Mayoral nominee, 2 vacancies)	<i>No nominations</i>

*Applicants must reside and/or work in the city

Sister Cities Commission

Vacancy Chart

as of

November 8, 2020

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)

Member	Patron	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
Hwan Hill	All members of Council	10/24/2020	Yes	Yes - Application Included	Reside or work in the city

Contact:

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

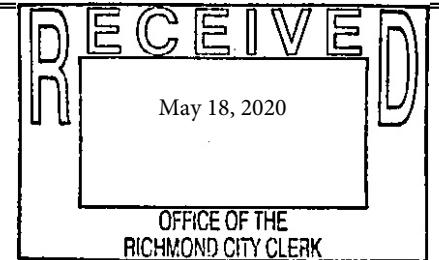


City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Sister Cities Commission	
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: Hill	First Name: Hwan
Home Street Address: 802 W. 29th St	Home Telephone: (804) 404 2909
Home City, Zip Code: Richmond, 23225	Home Fax: _____
Personal E-Mail Address: hwanhill@gmail.com	
Employer: CACI International	
Job Title: Systems Administrator	How Long? 7 months
Business Street Address: 1100 N. Glebe Rd	Business Telephone: 757 218 9289
Business City, Zip Code: Arlington, 22201	Business Fax: _____
Business E-Mail Address: hwan.hill@caci.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 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? 5th 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>Hwan Hill</u>	Date: <u>18 May 2020</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.



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www.richmondgov.com/cityclerk

Richmond Retirement System Board of Trustees

Vacancy Chart

as of
November 8, 2020

The Board of Trustees of the Richmond Retirement System shall consist of seven members for terms of three years. The Mayor shall appoint two members; the Council shall appoint five members, at least two of whom shall be members of the classified service.

The City Council will appoint a current city retiree to the Board of Trustees of the Richmond Retirement System to fill one of the three Council appointments not required to be a member of the classified service.

(Assigned to the Governmental Operations Standing Committee)

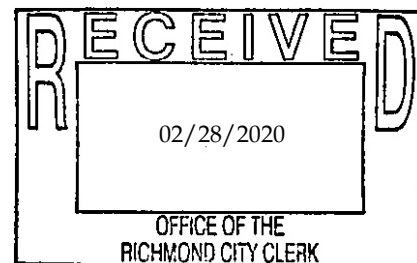
Member	Appointing Authority	Expiration Date	Eligible for Reappoint.	Interested in Reappoint.	Qualification
David Naoroz	All members of Council	10/27/2020	Yes	Yes – Application Included	Classified Service Representative
Elizabeth Jennings	All members of Council	10/24/2020	Yes	Yes - Application Included	Reside or work in the city
Kevin Davenport	Mayor	03/08/2018	Yes	Mayor’s office notified	Reside or work in the city
Michael Williams	Mayor	07/27/2017	Yes	Mayor’s office notified	Reside or work in the city

Contact:

Delores Baskin
Executive Assistant III
Richmond Retirement Office
730 East Broad St., Suite 900
Richmond, VA 23219
(804) 646 - 5939 (o)
Delores.baskin@richmondgov.com

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: <u>Richmond Retirement System</u>	
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: <u>Jennings</u>	First Name: <u>Elizabeth</u>
Home Street Address: <u>203 Paxton Road</u>	Home Telephone: <u>288-4363</u>
Home City, Zip Code: <u>Richmond, VA 23226</u>	Home Fax: <input type="checkbox"/>
Personal E-Mail Address: <u>elizabeth.cabell.jennings@gmail.com</u>	
Employer: <u>SunTrust Bank (now Truist)</u>	
Job Title: <u>Regional Practice Leader</u>	How Long? <input type="checkbox"/>
Business Street Address: <u>919 East Main Street</u>	Business Telephone: <u>404-813-1538</u>
Business City, Zip Code: <u>Richmond, VA 23219</u>	Business Fax: <input type="checkbox"/>
Business E-Mail Address: <u>elizabeth.c.jennings@suntrst.com</u>	
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="checkbox"/>	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? <u>1st</u> Number of years? <u>22</u>	
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>Elizabeth Jennings</u> Date: <u>2/28/20</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 Forces Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: City of Richmond Retirement System	
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: Ma	First Name: Chung
Home Street Address: 2216 Hanover Avenue	Home Telephone: 917-861-8888
Home City, Zip Code: Richmond, VA 23229	Home Fax:
Personal E-Mail Address: chungma@gmail.com	
Employer: Virginia Retirement System	
Job Title: Managing Director	How Long? 6 years
Business Street Address: 1200 East Main Street	Business Telephone: 804-775-3566
Business City, Zip Code: Richmond, VA 23219	Business Fax:
Business E-Mail Address: cma@varetire.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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? 2 Number of years? 6	
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.	
Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force: Wesleyan University, BA, Economics Hunter College, MA, Economics Chartered Financial Analyst (CFA) charterholder City of Richmond Retirement System Investment Advisory Committee Virginia Retirement System - Managing Director, Portfolio Intelligence Team	

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: City of Richmond Retirement System - Investment Advisory Committee

Date(s) Served: February 2019 - present Office(s) Held: _____

Entity: Virginia Council of Economic Education (VCEE)

Date(s) Served: September 2019 - present Office(s) Held: _____

Entity: _____

Date(s) Served: _____ Office(s) Held: _____

Other community involvement:

Volunteer coach at City of Richmond Public Schools (Fox Elementary)

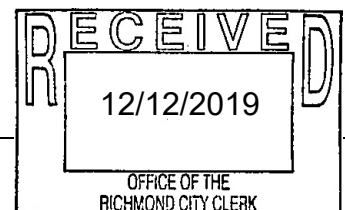
OPTIONAL

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

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?

Leo Griffin, Director City of Richmond Retirement System



Signature: Chung Ma

Digitally signed by Chung Ma
Date: 2019.12.12 09:14:21 -05'00'

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)

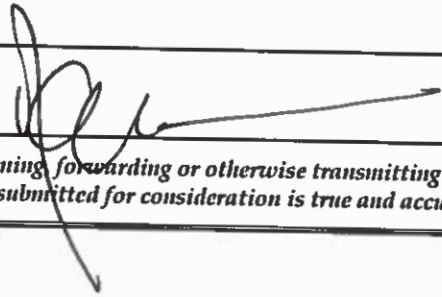
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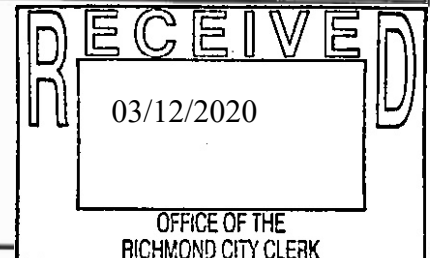


City of Richmond, Virginia
City Council
Authorities, Boards, Commissions and Task Forces
Reappointment Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Richmond Retirement System	
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: David	First Name: Naoroz
Home Street Address: 8114 Duncaster Rd	Home Telephone: 804-677-7281
Home City, Zip Code: Richmond, VA 23235	Home Fax:
Personal E-Mail Address:	
Employer: City of Richmond	
Job Title: Police Lieutenant	How Long? 23.5
Business Street Address: 200 West Grace St	Business Telephone: 804-646-4395
Business City, Zip Code: Richmond VA 23220	Business Fax:
Business E-Mail Address: david.naoroz@richmondgov.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? 30	
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. N/A - City employee	
Signature: <u>David Naoroz</u> 	Date: <u>3/12/2020</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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