Commission on Persons With Disabilities

City of Alexandria, VA | Generated 3/31/2025 @ 7:50:22 PM by OnBoardGOV - Powered by ClerkBase

Applicant	Date	Address	Contact	Status
Lawrence Lewis	3/19/2025	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated
Shannon Loelius	2/3/2025	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated
Megan Prince	3/12/2025	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated
Donna Marie Turnage Spencer	2/14/2025	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated

Lawrence Lewis

City of Alexandria, VA | Generated 3/31/2025 @ 3:50 pm by OnBoardGOV - Powered by ClerkBase

Status			Board	Vacancies	Status	Action	
Name	Lawrence Lewis		Commission on Persons	3	Contested (Incumbent))		
Application Date	3/19/2025		With Disabilities	5	Contested (incumbent))		
Expiration Date	10/19/2025						
Board Member	Lawrence Lewis						
Status	Validated						
Basic Informat	on	Contact In	formation	Occup	ation		
Name Lawrence Lewis		Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is		Employer (student and youth applicants list school)			
Date of Birth			y waiver is required for	Department of Homeland Security			
REDACTED			positions that are not specific to an organization or profession.) Yes		Job Title REDACTED		
		Email REDACTED					
		Alternate ema REDACTED	ail				
		Phone REDACTED					
New Applicant or C u Current Member of Th							
How many terms ha	ve you served?						
1 What seat are you a Citizen	pplying for? (Ex: citizen, arc	hitect, youth member	etc.)				
	e in the City of Alexandria? N ization or profession.	IOTE: If your answer i	s no, a residency waiver i	s required fo	or positions that are	not	
How long have you 18yrs	lived in Alexandria?						
Statement of Intere	st service to the community and to	o this board					
Have you ever serv No	ed the City of Alexandria in a	ny capacity?					
Have you ever atte i Yes	nded a meeting of the Board	or Commission for wh	ich you are applying?				
	the City of Alexandria?						
	the City of Alexandria?						
No Do any of your imm	ediate relatives or business a	associates now serve	the City of Alexandria in a	any capacity	?		
No Attendance Require Absences may be ex unscheduled busine	-	Code requires appoir llness or serious illnes cassignments only. Al	itees to attend at least 75 is of members of the imm I other absences are reco	5% of the yea ediate famil rded as une	arly committee meet y, death of a family r xcused. In light of th	membei ie	

References - Please list names, phone number and/or email addresses of three references that support your application. REDACTED Would you like to complete the Supplemental Questions? Non-Discrimination Data Supplemental Questions For Applications to City Boards, Commissions, and Committees Confidential - NOT FOR PUBLIC INFORMATION Completion of this section is VOLUNTARY. When completed, the section is separated and redacted from your application prior to the application's submission to City Council. COUNCIL AND STAFF DO NOT USE THIS FORM IN DETERMINING APPOINTMENTS. Information provided in this section is treated confidentially and the information is forwarded to the Alexandria Office on Human Rights for compilation of statistics. REDACTED

Shannon Loelius

City of Alexandria, VA | Generated 3/31/2025 @ 3:50 pm by OnBoardGOV - Powered by ClerkBase

Status			Board		Vacancies	Status	Action	
Name	Shannon Loelius		Commission on Persons With		3	Contested		
Application Date	2/3/2025		Disabilities					
Expiration Date	9/3/2025							
Board Member	Shannon Loelius							
Status	Validated							
Basic Information		Contact Ir	ct Information Occupa					
Name Shannon Loelius		Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for		Employer (student and youth applicants list school) Health and Human Services				
		Email REDACTED						
		Phone REDACTED						
New Applicant or Cu New Applicant	urrent Member							

What seat are you applying for? (Ex: citizen, architect, youth member, etc.) Citizen

Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession. Yes

How long have you lived in Alexandria?

5 years

Statement of Interest

I would like to ensure the city provides sufficient service to persons with disabilities. While I do not have a physical disability, I have seen in my family how resources can allow a person to be independent, and a lack of resources can impact their independence. I want to ensure people in Alexandria have appropriate services, that the city is designed to work for all of our residents. In my work, I have seen the importance of considering all residents and citizens in emergency response scenarios. However, many times persons with disabilities are considered after the majority of work is completed and referred to in addendums. I believe this work should start at the foundation of every community rather than an addendum.

Have you ever served the City of Alexandria in any capacity? No

Have you ever attended a meeting of the Board or Commission for which you are applying? $N \sigma$

Are you now paid by the City of Alexandria? No

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity? Yes

Please explain relation and capacity:

My husband is a member of ARHA.

Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed? Yes

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?

Yes

I have a B.S. in Biotechnology and a PhD in Immunology

Summary of Work and Experience

I have worked the last 5 years at Health and Human Services in the Biomedical Advanced Research and Development Authority as a Biologist. My job duties include Program management for contracts developing medical countermeasures for chemical, biological, radiological, and nuclear threats.

References - Please list names, phone number and/or email addresses of three references that support your application. REDACTED

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Gender REDACTED

Sexual Orientation REDACTED

Ethnicity REDACTED

Do you have a disability? REDACTED

Megan Prince

			Board	Vacancies	Status	Action
lame	Megan Prince		Commission on Persons	3	Contested (Incumbent))	
pplication Date	3/12/2025		With Disabilities			
xpiration Date	10/12/2025					
loard Member	Megan Prince					
itatus	Validated					
Basic Informatio	on	Contact In	formation	Occup	ation	
lame			sident of the City of		r (student and youth	
legan Prince			IOTE: If your answer is y waiver is required for	applican [:] IQVIA	ts list school)	
Date of Birth REDACTED		positions that	are not specific to an profession.)	Job Title REDACTEI		
		Email REDACTED				
		Phone REDACTED				
lew Applicant or Cur Current Member of This						
low many terms hav	e you served?					
Vhat seat are you ar Commission member, c	oplying for? (Ex: citizen, ar hair	chitect, youth member,	etc.)			
	in the City of Alexandria? zation or profession.	NOTE: If your answer is	s no, a residency waiver i	s required fo	or positions that are i	not
low long have you li years	ved in Alexandria?					
am currently a member	t er of t commission for persons	with disabilities and woul	d like to continue my tenure			
lave you ever serve lo	d the City of Alexandria in	any capacity?				
lave you ever attend les	ded a meeting of the Board	l or Commission for wh	ich you are applying?			
Are you now paid by Io	the City of Alexandria?					
)o any of your imme lo	diate relatives or business	associates now serve	the City of Alexandria in a	any capacity	?	
			tees to attend at least 7			

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement? Yes

References - Please list names, phone number and/or email addresses of three references that support your application. REDACTED

Would you like to complete the Supplemental Questions? Non-Discrimination Data Supplemental Questions For Applications to City Boards, Commissions, and Committees Confidential - NOT FOR PUBLIC INFORMATION Completion of this section is VOLUNTARY. When completed, the section is separated and redacted from your application prior to the application's submission to City Council. COUNCIL AND STAFF DO NOT USE THIS FORM IN DETERMINING APPOINTMENTS. Information provided in this section is treated confidentially and the information is forwarded to the Alexandria Office on Human Rights for compilation of statistics. REDACTED

Donna Marie Turnage Spencer

City of Alexandria, VA | Generated 3/31/2025 @ 3:50 pm by OnBoardGOV - Powered by ClerkBase

Status			Board		Vacancies	Status	Action
Name	Donna Marie Turnage Spencer		Commission on Persons With		3	Contested	
Application Date	2/14/2025		Disabilities				
Expiration Date	9/14/2025						
Board Member	Donna Marie Turnage Spencer						
Status	Validated						
Basic Information		Contact Ir	nformation	Occupation			
Name Donna Marie Turnage Spencer Date of Birth		Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for			er (student nts list scho tor	-	
REDACTED			t are not specific to an or profession.)	Job Titl REDACT			
		Email REDACTED					
		Phone REDACTED					
New Applicant or Cu	rrent Member						

New Applicant

What seat are you applying for? (Ex: citizen, architect, youth member, etc.) Citizen

Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession. Yes

How long have you lived in Alexandria?

All of my life (with the following exceptions: born & lived (1964-66) in Washington DC; and 1982-2011 in college, graduate school, etc)

Statement of Interest

I am interested in becoming a member of this Commission because I am a person with multiple disabilities hoping to help us disabled residents in whatever way I am able.

Have you ever served the City of Alexandria in any capacity?

Yes (Please explain), At this moment, I am recalling I was employed in the summer youth employment program, decades ago.

Have you ever attended a meeting of the Board or Commission for which you are applying? No

Are you now paid by the City of Alexandria?

No

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity? Yes

Please explain relation and capacity:

A relative works at the Visitor Center (if that counts).

Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed? Yes

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?

Yes

Educational Background

Bachelor's of Science in Psychology/James Madison University Graduate studies, no degree/University of Virginia

References - Please list names, phone number and/or email addresses of three references that support your application.

REDACTED

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Gender REDACTED

Sexual Orientation REDACTED

Ethnicity REDACTED

Do you have a disability? REDACTED

How did you hear of this vacancy? REDACTED