# Print

# Board Application - Submission #412

**Date Submitted: 12/19/2019**

**Full Name***

THOMAS F CAMPENNI

**Present Occupation**

SEMI-RETIRED

**Contact Phone***

772-341-7455

**Email Address***

THOMASFCAMPENNI@GMAIL.COM

**Street Address***

700 SW ST LUCIE CRES

**City, State, Zip***

STUART, FL, 34994

**Membership in Community Organizations or Professional Groups**

CRB, UNITED WAY, ROTARY, CCV, GERTRUDE WALDEN, MAIN STREET

**List Former Advisory Board(s) Affiliations**

CITY COMMISSION, LPA, CENTENNIAL COMMITTEE

**Comments**

**Indicate Board You Would Like to be Considered For***

Charter Review Board

**The Florida Department of State requires that the City report the number of minority appointments made during the year. (Section 760.80, Florida Statutes)**

**Gender***

- (●) Male
- ( ) Female
- ( ) Not Known

**Race***

- ( ) African American
- ( ) Asian American
- (●) Caucasian
- ( ) Hispanic American
- ( ) Native American

**Disability***

- (●) Not Known
- ( ) Physically Disabled