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**Political Organization
Report of Contributions and Expenditures**

OMB No 1545 1696

► See Separate Instructions

A For the period beginning April 1, 2003 and ending June 30 2003

B Check applicable boxes ☐ Initial report ☐ Change of address ☒ Amended report ☐ Final report

1 Name of organization
CITIZENS FOR QUALITY OF LIFE
Employer identification number
59 3726384

2 Mailing address (P.O. Box or number street and room or suite number)
P.O. BOX 150491

City or town state and ZIP code
ALTAMONTE SPRINGS, FLORIDA 32715-0491

3 E-mail address of organization
4 Date organization was formed
JUNE 12, 2001

5a Name of custodian of records
AMELIA M. THEISEN
5b Custodian's address
582 LAKEWORTH CIRCLE
HEATHROW, FL 32746

6a Name of contact person
AMELIA M. THEISEN
6b Contact person's address
582 LAKEWORTH CIRCLE
HEATHROW, FL 32746

7 Business address of organization (if different from mailing address shown above) Number street and room or suite number
City or town state and ZIP code

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☒ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☐ Year end report (due by January 31)

e ☐ Mid-year report (Non election year only due by July 31)

f ☐ Monthly report for the month of _____
(due by the 20th day following the month shown above except the December report which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)

(1) Type of election _____
(2) Date of election _____
(3) For the state of _____

h ☐ Post-general election report (due by the 30th day after general election)

(1) Date of election _____
(2) For the state of _____

9 Total amount of reported contributions (total from all attached Schedules A)

9 29.49

10 Total amount of reported expenditures (total from all attached Schedules B)

10 14.30

Sign Here

Under penalties of perjury I declare that I have examined this report including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete

Signature of authorized official AMELIA M. THEISEN

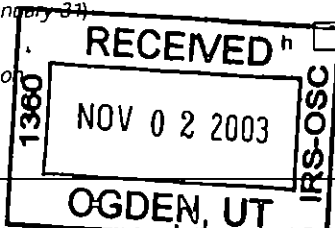
Date 10-31-2003

For Paperwork Reduction Act Notice, see separate instructions

Cat No 30406G

Form **8872** (11 2002)

SCANNED NOV 07 2003



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Schedule A Itemized ContributionsSchedule A page **8** of **2**

Name of organization

Employer identification number

Contributor's name mailing address and ZIP code COMMUNITY UNITED BANK OF CENTRAL FLORIDA 3001 W. LAKE MARY BLVD. LAKE MARY, FL 32746	Name of contributor's employer	Amount of contribution
	Contributor's occupation INTEREST INCOME HOLDER OF CERTIFICATE OF DEPOSIT	\$ 29.49
	Aggregate contributions year-to-date ▶ \$ 54.30	Date of contribution JUNE 30, 2003
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ 29.49

Schedule B Itemized Expenditures	Schedule B page 2 of 2
Name of organization CITIZENS FOR QUALITY OF LIFE	Employer identification number 59 3726384

Recipient's name mailing address and ZIP code INTERNAL REVENUE SERVICE	Name of recipient's employer (ADJUST. OF 1120PL 2002)	Amount of expenditure \$ 14.30
	Recipient's occupation	Date of expenditure

Purpose of expenditure

ADJUSTMENT TO 1120PL 2002

Recipient's name mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872	\$ 14.30
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