SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Alzheimers Impact Movement Political Action Committee

A.
Full Name (Last, First, Middle Initial): RELY ON YOUR BELIEFS FUND
Mailing Address: 1 Constitution Ave NE, Ste 300
City: Washington | State: DC | Zip Code: 20002-5618
Purpose of Disbursement: Contribution to Committee
Candidate Name: RELY ON YOUR BELIEFS FUND
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) ▼ Other
Date of Disbursement: M M 03 / D D 07 / Y Y Y Y 2018
FEC Identification Number: C C00344648
Transaction ID : B83011CDB7
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)
Mailing Address: 12176 CHANCERY STATION CIRCLE
City: RESTON | State: VA | Zip Code: 20190
Purpose of Disbursement: Contribution to Committee
Candidate Name: CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) Other
Date of Disbursement: M M 03 / D D 07 / Y Y Y Y 2018
FEC Identification Number: C C00404392
Transaction ID : B64F3670DC(
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶ 17000.00