

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

DR NOREN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. *NOREN, SCOTT A*

Mailing Address

425 CAYUGA HEIGHTS RD

City

ITHACA

State

NY

Zip Code

14850

FEC ID number of contributing federal political committee.

C

Date of Receipt

04 24 2012

Amount of Each Receipt this Period

1500 00

Name of Employer

Occupation

ITHACA ORAL SURGEON

ORAL SURGEON

Receipt For:

Election Cycle-to-Date

☐ Primary ☒ General
☐ Other (specify)

31929 11

Full Name (Last, First, Middle Initial)

B. *NOREN, SCOTT A*

Mailing Address

425 CAYUGA HEIGHTS RD

City

ITHACA

State

NY

Zip Code

14850

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 23 2012

Amount of Each Receipt this Period

3000 00

Name of Employer

Occupation

ITHACA ORAL SURGEON

ORAL SURGEON

Receipt For:

Election Cycle-to-Date

☐ Primary ☒ General
☐ Other (specify)

34929 11

Full Name (Last, First, Middle Initial)

C. *NOREN, SCOTT A*

Mailing Address

425 CAYUGA HEIGHTS RD

City

ITHACA

State

NY

Zip Code

14850

FEC ID number of contributing federal political committee.

C

Date of Receipt

04 01 2012

Amount of Each Receipt this Period

1000 00

Name of Employer

Occupation

ITHACA ORAL SURGEON

ORAL SURGEON

Receipt For:

Election Cycle-to-Date

☐ Primary ☒ General
☐ Other (specify)

35029 11

SUBTOTAL of Receipts This Page (optional).....

4600 00

TOTAL This Period (last page this line number only).....

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