

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

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)

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

Name of Employer

ITHACA ORAL SURGERY

Occupation

ORAL SURGEON

Receipt For:

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

17.467.85

Date of Receipt

01/24/2012

Amount of Each Receipt this Period

2000.00

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

Name of Employer

ITHACA ORAL SURGERY

Occupation

ORAL SURGEON

Receipt For:

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

18.435.21

Date of Receipt

02/27/2012

Amount of Each Receipt this Period

967.36

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

Name of Employer

ITHACA ORAL SURGERY

Occupation

ORAL SURGEON

Receipt For:

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

20.035.21

Date of Receipt

03/21/2012

Amount of Each Receipt this Period

1600.00

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

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

4567.36