

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DR NOREN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
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
DR ORAL SURGERY Occupation
ORAL SURGEON

Receipt For:
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
30.429.11

Date of Receipt
03 / 31 / 2012

Amount of Each Receipt this Period
10,393.90

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....
10,393.90

TOTAL This Period (last page this line number only).....
149,612.60

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