

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

2 MAR 14 PM 11:12

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Dr. Noren for U.S. Senate

ADDRESS (number and street)

425 Cayuga Heights Road

(Check if address is changed)

Ithaca

NY

14850

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

norenforSenate@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.norenforSenate.com

2. DATE

02/28/2012

3. FEC IDENTIFICATION NUMBER

000458422

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

mainly to change Party designation to Independent/unaffiliated

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RICHARD PARKER

Signature of Treasurer

[Signature]

Date

3-8-12

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1

(Revised 02/2009)

12020183658 Rich Parker

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Scott A. Noren

Candidate Party Affiliation Independent Office Sought: House Senate President State District

** Unaffiliated*

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

12020183660

Write or Type Committee Name

Dr. Noren For U.S. Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

[Empty grid lines for full name]

Mailing Address

[Empty grid lines for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for telephone number]

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

RICHARD PARKER

Mailing Address

P.O. Box 260

ETNA

CITY

NY

STATE

13062

ZIP CODE

Title or Position

TREASURER

Telephone number

607-347-4387

* Rich Parker

12020183661

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Changes

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

12020183662



RCP
FINANCIAL
SERVICES

12020183663
ITHACA
PAYROLL

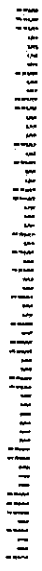
209 Dev Street
Ithaca, NY 14850
ph: 607-273-6730
fax: 607-273-6735

**SCREENED
BY THE SENATE
POST OFFICE**

*Secretary of the Senate
Office of Public Records
P.O. Box 2517
Alexandria VA 22301-0517*

22301-0517 @8578

220 N7E 1 112C 00 03/11/12
NOTIFY SENDER OF NEW ADDRESS
: OFFICE OF PUBLIC RECORDS
P.O. BOX 77578
WASHINGTON DC 20013-8578
BC: 20013857878 *2113-07931-07-39



ROCHESTER NY 144
07 MAR 2012 PM 5 T



LIVE YOUR BEST
WORK DAY

United States Senate

OFFICE OF THE SECRETARY

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THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

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USPS EXPRESS MAIL _____

Postmark

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SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____

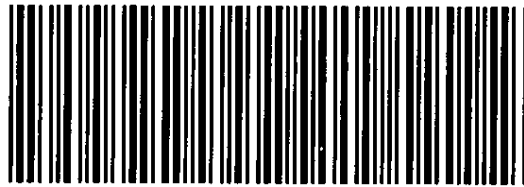
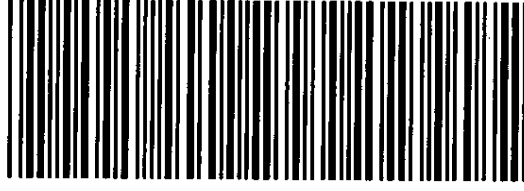
Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **3-14-12**

12020183664



12020183665