



Filing ID #10031098

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Scott A. Noren
Status: Congressional Candidate
State/District: NY23

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2019
Filing Date: 11/22/2019

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Ameriprise SEP [IH]		\$500,001 - \$1,000,000	None		
DESCRIPTION: Equities held at Ameriprise					
Citizens Bank checking account [BA]		\$250,001 - \$500,000	None		
Elmira Savings Bank Checking [BA]		\$1,001 - \$15,000	None		
DESCRIPTION: Checking account					
General Electric Company (GE) [ST]		\$1 - \$1,000	None		
DESCRIPTION: Equity held at E-trade					
Paychex IRA [IH]		\$15,001 - \$50,000	None		
DESCRIPTION: Paychex IRA					
Tompkins Trust checking [BA]		\$100,001 - \$250,000	None		

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Ithaca Oral Surgery	Spouse Salary	\$42,000.00	\$42,000.00

SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

Position	Name of Organization
Sole Proprietor	Ithaca Oral Surgery

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
Oral Surgeon with Ithaca Oral Surgery (Ithaca, NY, US)	Oral Surgeon

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Scott A. Noren , 11/22/2019