| STATEMENT  |   | OFFICE USE ONLY<br>Report Number: 107790           |                                   |                      |
|--|---|--|-----------------------------------|----------------------|
| 1. Name and Address of Committee   |   | 2. Date of this Statement                          |                                   | /19/2023             |
| SCHRODER LEADERSHIP PAC  |   | 1/19/20  | 23                                | : 107790<br>/19/2023 |
| 70117 HWY 59.<br>STE. G  |   | 3. Estimated Membership                            |                                   |                      |
| ABITA SPRINGS, LA 70420  |   |  | 50                                |                      |
|  |   | 4. Amended Statement?                              | —                                 |                      |
| Check If:<br>New Committee   |   | Yes X  | No                                |                      |
| 5. All Committee Officers and Directors (inclue a. <u>Name</u>                   | ding Chairperson, Treasurer<br>b. <u>Position</u> | ; if any, and any other commi<br>c. <u>Address</u> | tee officers and directors )      |                      |
| JOHN SCHRODER  | Chairperson                                       | 70117 Hwy 59.<br>STE. G<br>Abita Springs, L        | A 70420                           |                      |
| BONNIE EADES   | Treasurer   | 921 Beauregard                                     |                                   |                      |
|  |   | Covington, LA 7                                    | 0433                              |                      |
|  |   |  |                                   |                      |
| 6. Affiliated Organizations<br>(Any organization, other than a political con     | -   | lirectly established, administe                    |                                   |                      |
| a. <u>Name</u> b.  | Address   |  | c. Relationship                   | to Committee         |
| <ol> <li>All Depositories for Committee Funds (com<br/>mutual funds.)</li> </ol> | mittee funds must be deposi                       | ited in one or more banks or s                     | avings and loan institutions or r | noney market         |
| a. <u>Name</u> b.  | Address   |  |                                   |                      |
| On attached sheet  |   |  |                                   |                      |
| 8. IF THIS COMMITTEE SUPPORTS A SING   | LE CANDIDATE: a.                                  | . Check one: Prin                                  | cipal Campaign Committee          | Subsidiary Committee |
| b. Name of Candidate   |   |  | c. Office Sought by the Candid    | Jate                 |
|  |   |  |                                   |                      |
|  |   |  |                                   |                      |
| 9. a. Name of Person Preparing Report<br>b. Daytime Telephone 225-767-           | AMANDA GUIDRY<br>7163                             | MALOY  |                                   |                      |
| 10. WE HEREBY CERTIFY that the information information and belief.               | on contained in this STATEM                       | IENT OF ORGANIZATION is                            | true and correct to the best of o | ur knowledge ,       |
| This <u>19th</u> day of Janua  | ry , 2023   | 3  |                                   |                      |
| JOHN SCHRODER  |   |  | <u>985-373-</u>                   | -4873                |
| Signature of Committee/Cha   | irperson  |  | Daytime Te                        |                      |
| BONNIE EADES   |   |  | <u>985-707-</u>                   | -8277                |
| Signature of Committee Treasurer, if any   |   |  | Daytime Te                        |                      |

- 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)
  - a. <u>Name</u>

b. <u>Address</u>

STATE BANK

107 TERRA BELLA BLVD. COVINGTON, LA 70433