

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>	
<b>1. Name and Address of Committee</b>  SCHRODER LEADERSHIP PAC 70117 HWY 59. STE. G ABITA SPRINGS, LA 70420	<b>2. Date of this Statement</b>  <div style="text-align: right;">1/11/2024</div>	<b>Report Number:</b> 118038  <b>Date Filed:</b> 1/11/2024  	
	<b>3. Estimated Membership</b>  <div style="text-align: right;">25</div>		
Check If: <u>      </u> New Committee <u>      </u>	<b>4. Amended Statement?</b>  <div style="text-align: center;"> <u>      </u> Yes      <u>  X  </u> No         </div>		
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b> <div style="display: flex; justify-content: space-between;"> <span>a. <u>Name</u></span> <span>b. <u>Position</u></span> <span>c. <u>Address</u></span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>JOHN SCHRODER</div> <div>Chairperson</div> <div>70117 Hwy 59., STE. G, Abita Springs, LA 70420</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>BONNIE EADES</div> <div>Treasurer</div> <div>921 Beauregard Pkwy, , Covington, LA 70433</div> </div>			
<b>6. Affiliated Organizations</b> (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)  <div style="display: flex; justify-content: space-between;"> <span>a. <u>Name</u></span> <span>b. <u>Address</u></span> <span>c. <u>Relationship to Committee</u></span> </div>			
<b>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.)</b>  <div style="display: flex; justify-content: space-between;"> <span>a. <u>Name</u></span> <span>b. <u>Address</u></span> </div> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>			
<b>8. Type of Committee</b>  IF THE POLITICAL COMMITTEE SUPPORTS ONLY <b>ONE</b> CANDIDATE, check <b>all</b> that apply AND complete 8a and 8b below: <div style="margin-bottom: 10px;"> <u>      </u> By my signature below, I hereby certify that this committee is the principal campaign committee of the candidate referenced in 8a.         </div> <div style="margin-bottom: 10px;"> <u>      </u> By my signature below, I hereby certify that this committee is the subsidiary of _____, which is a committee of the candidate referenced in 8a.         </div> <div style="margin-bottom: 10px;"> <u>      </u> By my signature below, I hereby certify that this committee is not the principal or subsidiary committee the candidate referenced in 8a and that the committee is not working, and will not work, in coordination, consultation, or cooperation with the candidate referenced in 8a.         </div> <div style="margin-bottom: 10px;"> <u>      </u> By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.         </div> IF THE POLITICAL COMMITTEE SUPPORTS <b>MULTIPLE</b> CANDIDATES, CHECK <b>ONLY IF THE following</b> applies: <div style="margin-bottom: 10px;"> <u>      </u> By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.         </div>			
<b>8a. Name of Candidate</b>		<b>8b. Office Sought by the Candidate</b>	
<b>9. a. Name of Person Preparing Report:</b> AMANDA GUIDRY MALOY		<b>b. Daytime Telephone:</b> 225-767-7163	
<b>10. WE HEREBY CERTIFY</b> that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge , information and belief.  This <u>11th</u> day of <u>January</u> , <u>2024</u> .			
<u>JOHN SCHRODER</u> Signature of Committee/Chairperson	<u>985-373-4873</u> Daytime Telephone	<u>BONNIE EADES</u> Signature of Committee Treasurer, if any	<u>985-707-8277</u> Daytime Telephone

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. Name

BANK PLUS

b. Address

107 TERRA BELLA BLVD.  
COVINGTON, LA 70433