STATEMENT OF ORGANIZATION		OFFICE USE ONLY
		Report Number: 85272  Date Filed: 1/14/2020
Name and Address of Committee	2. Date of this Statement	Date Filed: 1/14/2020
SCHRODER LEADERSHIP PAC 601 BOCAGE CT.	1/14/2020	
COVINGTON, LA 70433	3. Estimated Membership	■
	100	
	4. Amended Statement?	-
Check If: New Committee		
New Committee	Yes <u>X</u> No	
<ol> <li>All Committee Officers and Directors (including Chairperson, Treasu</li> <li>a. <u>Name</u></li> <li>b. <u>Position</u></li> </ol>	rer, if any, and any other committee c. <u>Address</u>	officers and directors)
JOHN SCHRODER Chairperson	601 BOCAGE CT.	
	COVINGTON, LA	70433
BONNIE EADES Treasurer	921 BEAUREARD	PKWY
	COVINGTON, LA	70433
a. <u>Name</u> b. <u>Address</u>		c. Relationship to Committee
<ol> <li>All Depositories for Committee Funds (committee funds must be dep mutual funds.)</li> </ol>	osited in one or more banks or savi	ngs and loan institutions or money market
a. <u>Name</u> b. <u>Address</u>		
On attached sheet		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:	a. Check one: Principa	I Campaign Committee Subsidiary Committee
b. Name of Candidate	c.	Office Sought by the Candidate
9. a. Name of Person Preparing Report AMANDA G MAL	OY	
b. Daytime Telephone 225-767-7163		
10. WE HEREBY CERTIFY that the information contained in this STAT information and belief.	EMENT OF ORGANIZATION is true	and correct to the best of our knowledge ,
This 14th day of January , 20	)20 .	
	<del>_</del>	
JOHN SCHRODER		<u>985-373-4873</u>
Signature of Committee/Chairperson	<del></del>	Daytime Telephone
BONNUE EADES		005 707 0077
BONNIE EADES Signature of Committee Treasurer, if any		985-707-8277  Daytime Telephone

Form 200, Rev. 12/03

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. Address

STATE BANK

107 TERRA BELLA BLVD. COVINGTON, LA 70433