

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|---|---|---|----------------|--------------------|-------------------------------------|-------------------|-------------|---|--------------|-----------|---|
| 1. Name and Address of Committee SCHRODER LEADERSHIP POLITICAL ACTION COMMITTEE 704 COTTAGE LANE COVINGTON, LA 70433 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">1/20/2016</div> | Report Number: 56128 Date Filed: 1/20/2016 | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: center;">100</div> | | | | | | | | | | |
| | 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>JOHN SCHRODER</td> <td>Chairperson</td> <td>704 COTTAGE LANE COVINGTON, LA 70433</td> </tr> <tr> <td>BONNIE EADES</td> <td>Treasurer</td> <td>921 BEAUREARD PKWY COVINGTON, LA 70433</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | JOHN SCHRODER | Chairperson | 704 COTTAGE LANE COVINGTON, LA 70433 | BONNIE EADES | Treasurer | 921 BEAUREARD PKWY COVINGTON, LA 70433 |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | |
| JOHN SCHRODER | Chairperson | 704 COTTAGE LANE COVINGTON, LA 70433 | | | | | | | | | |
| BONNIE EADES | Treasurer | 921 BEAUREARD PKWY COVINGTON, LA 70433 | | | | | | | | | |
| 6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 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.) | | | | | | | | | | | |
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| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| On attached sheet | | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee | | | | | | | | | | | |
| b. Name of Candidate | | c. Office Sought by the Candidate | | | | | | | | | |
| 9. a. Name of Person Preparing Report AMANDA G MALOY b. Daytime Telephone 225-767-7163 | | | | | | | | | | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge , information and belief. This 20th day of January , 2016 . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>JOHN M. SCHRODER SR.</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>985-373-4873</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>BONNIE EADES</u> Signature of Committee Treasurer , if any </div> <div style="width: 45%;"> <u>985-707-8277</u> Daytime Telephone </div> </div> | | | | | | | | | | | |

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

STATE BANK

b. Address

107 TERRA BELLA BLVD.
COVINGTON, LA 70433