

STATEMENT OF ORGANIZATION		OFFICE USE ONLY	
1. Name and Address of Committee SCHRODER LEADERSHIP PAC 601 BOCAGE CT. COVINGTON, LA 70433 Check If: New Committee <input type="checkbox"/>	2. Date of this Statement <div style="text-align: center;">1/18/2017</div>	Report Number: 61759 Date Filed: 1/18/2017	
	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)			
a. Name <div style="text-align: center;">JOHN SCHRODER</div> <div style="text-align: center;">BONNIE EADES</div>	b. Position <div style="text-align: center;">Chairperson</div> <div style="text-align: center;">Treasurer</div>	c. Address <div style="text-align: center;">601 BOCAGE CT. COVINGTON, LA 70433</div> <div style="text-align: center;">921 BEAUREARD PKWY COVINGTON, LA 70433</div>	
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)			
a. Name	b. Address	c. Relationship to Committee	
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	b. Address		
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 18th day of January , 2017 . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>JOHN SCHRODER</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