

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 _____	2. Date of this Statement 1/21/2021	Report Number: 94727 Date Filed: 1/21/2021 									
	3. Estimated Membership 100										
	4. Amended Statement? ☐ Yes ☒ No										
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>601 BOCAGE CT. 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	601 BOCAGE CT. COVINGTON, LA 70433	BONNIE EADES	Treasurer	921 BEAUREARD PKWY COVINGTON, LA 70433
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JOHN SCHRODER	Chairperson	601 BOCAGE CT. 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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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ☐ Principal Campaign Committee ☐ Subsidiary Committee											
b. Name of Candidate		c. Office Sought by the Candidate									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">9. a. Name of Person Preparing Report</td> <td>AMANDA GUIDRY MALOY</td> </tr> <tr> <td>b. Daytime Telephone</td> <td>225-767-7163</td> </tr> </table>			9. a. Name of Person Preparing Report	AMANDA GUIDRY MALOY	b. Daytime Telephone	225-767-7163					
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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 <u>21st</u> day of <u>January</u> , <u>2021</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

STATE BANK

b. Address

107 TERRA BELLA BLVD.
COVINGTON, LA 70433