

A211801



Missouri Ethics Commission (MEC)  
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov  
**Statement of Committee Organization**

Missouri Ethics Commission

Office Use:

FEB 25 2025

Received by Email

**1. Statement Information**Date: 2/25/25Type: ☐ New ☒ Amended (if amending, enter MEC ID A211801 & section changed 6)**2. Committee Information**

Name of Committee

Committee Mailing Address, City, State, &amp; Zip

( )  
Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First &amp; Last)

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, &amp; Zip

( )  
Treasurer's Home Telephone Number( )  
Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, &amp; Zip

( )  
Dep. Treasurer's Home Telephone Number( )  
Dep. Treasurer's Work Telephone Number**4. Additional Committee Information**

Additional Committee Officer's Name &amp; Title (if any)

**AMENDMENT**

Additional Committee Officer's Mailing Address, City, State, &amp; Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, &amp; Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☐ No**5. Official Bank Account Information (required by all committees)**

Name &amp; Mailing Address, City, State, &amp; Zip of Financial Institution

Account Name

Account Number

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Antionette "Toni" Cousins

Name &amp; Mailing Address, City, State &amp; Zip of Candidate

( )  
Telephone Number (Candidate Committees Only)

April 5, 2025

St. Louis Public School Board of Education

Election Date 8

Office Sought &amp; Political Subdivision

Political Party

Support  
Support or Oppose**7. Ballot Measure Supported or Opposed (campaign committees must complete this section)**

Name of Ballot Measure

Election Date &amp; Political Subdivision

Support or Oppose

**8. Signature(s) – Check certification(s) & sign (required by all committees)**

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Dionne Flowers

Committee Treasurer

Antionette Cousins

Candidate (Candidate Committees Only)