STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

		(See)	Reverse Side For	Instru	etions)			
	This is a (check one)		Party Committee	X	Political Action Committee			
	This is an (check one)		Initial Statement	X	Amended Statement			
l								
COMMITTEE (PLEASE TYPE OR PRINT)								
Name Blue Cross and Blue Shield of Kansas City Political Action Committee for Kansas								
Mailing Address (Street, City, State, Zip Code) One Pershing Square, 2301 Main Street, Kansas City, 10 816 395-3498								
				641	.08			
CHAIRPERSO	<u>N</u>							
Name Coni K. Fr	ies		·		Home Telephone (913) 685–1502			
	ess (Street, City, State, Street, Kansas Ci				Business Telephone (816) 395-2801			
TREASURER								
Name Coni K. Fr	ies				Home Telephone (913) 685-1502			
Mailing Addre	ss (Street, City, State, Street, Kansas Ci	Zip C	Code) 10 64108		Business Telephone (816) 395–2801			
AFFILIATED	OR CONNECTED O	RGAì	NIZATIONS	·				
Name Blue Cross	and Blue Shield	of Ka	insas City					
Mailing Address (Street, City, State, Zip Code) One Pershing Square, 2301 Main Street, Kansas City, MO 64108								
If not connected on/a	or affiliated with an orga	anizati	ion, identify the tra	ade, pro	fession, or primary interest of	f the contributors.		
	<u> </u>							
SIGNATUDE.								
SIGNATURE: "I declare that the		exam	nined by me and	to the h	est of my knowledge and			
	"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document							
or intentionally filing a false document is a class A misdemeanor."								
T / 201	-		Ω .	T	:			
June 4, 201 (Date)	<u> </u>		(Signati	ure of (Chairperson)			
, ,	thics Commission				•	Rev.2000		

STATEMENT OF ORG	GANIZATION					
FOR POLITICAL ACTION COMMITTE	ES AND PARTY COMMITTEES					
FOR POLITICAL ACTION COMMITTE. (See Reverse Side For	Instructions)					
This is a (check one) Party Committee	X Political Action Committee					
This is an (check one) Initial Statement	X Amended Statement					
COMMITTEE (PLEASE TYPE OR	. PRINT)					
Name						
Blue Cross and Blue Shield of Kansas City Pol	itical Action Committee for Kansas					
Mailing Address (Street, City, State, Zip Code)	Business Telephone					
One Pershing Square, 2301 Main St., Kansas Cit						
CHAIRPERSON						
Name	Home Telephone					
Steven Bledsoe	(816) 734-4290					
Mailing Address (Street, City, State, Zip Code) 2301 Main St., Kansas City, MO 64108	Business Telephone (816) 395–2086					
TREASURER						
Name Steven Bledsoe	Home Telephone (816) 734–4290					
Mailing Address (Street, City, State, Zip Code) 2301 Main St., Kansas City, MO 64108	Business Telephone (816) 395–2086					
AFFILIATED OR CONNECTED ORGANIZATIONS						
Name Blue Cross and Blue Shield of Kansas Cit	y					
Mailing Address (Street, City, State, Zip Code) One Pershing Square, 2301 Main St., Kansas City	v. MO 64108					
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If not connected or affiliated with an organization, identify the trace $\mathbf{N/A}$	de, profession, or primary interest of the contributors.					
CLCN LA TRUDE						
SIGNATURE: "I declare that this statement has been examined by me and to	o the best of my knowledge and					
"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document						
or intentionally filing a false document is a class A misdemea						
June 26 2008	nor.					

(Date)

Governmental Ethics Commission

(Signature of Chairperson)

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