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### Campaign Finance Statement of Organization For Political Action Committees And Party Committees

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is a (Check one)  Party Committee  PAC

This is an (Check one)  Initial Appointment  Amended Statement

**Committee**

Name: **Blue Cross and Blue Shield Political Action Committee for Kansas**

Address: **2301 Main**

Address2:

City: **Kansas City** State: **MO** Zip: **64108**

Business Phone: **(816) 395-2960**

Email Address: **brenda.johnson2@Bluekc.com**

**Chairperson**

Name: **Coni Fries**

Address: **2301 Main Street**

Address2:

City: **Kansas City** State: **MO** Zip: **64108**

Home Telephone: **(913) 685-1502** Business Phone: **(816) 395-2801**

Email Address: **coni.fries@bluekc.com**

**Treasurer**

Name: **Coni Fries**

Address: **2301 Main Street**

Address2:

City: **Kansas City** State: **MO** Zip: **64108**

Home Telephone: **(913) 685-1502** Business Phone: **(816) 395-2801**

Email Address: **brenda.johnson2@bluekc.com**

**Affiliated or Connected Organizations**

Name: **Blue Cross and Blue Shield of Kansas City**

Address: **2301 Main Street**

Address2:

City: **Kansas City** State: **MO** Zip: **64108**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

**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.**

Executed on:

Date: **8/2/2012 10:32:18 AM** Signature of Chairperson: **Coni Fries**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

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) Business Telephone  
One Pershing Square, 2301 Main Street, Kansas City, MO 64108 (816) 395-3498

CHAIRPERSON

Name Home Telephone  
Coni K. Fries (913) 685-1502

Mailing Address (Street, City, State, Zip Code) Business Telephone  
2301 Main Street, Kansas City, MO 64108 (816) 395-2801

TREASURER

Name Home Telephone  
Coni K. Fries (913) 685-1502

Mailing Address (Street, City, State, Zip Code) Business Telephone  
2301 Main Street, Kansas City, MO 64108 (816) 395-2801

AFFILIATED OR CONNECTED ORGANIZATIONS

Name  
Blue Cross and Blue Shield of Kansas City

Mailing Address (Street, City, State, Zip Code)  
One Pershing Square, 2301 Main Street, Kansas City, MO 64108

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.  
n/a

SIGNATURE:

"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."

June 4, 2010  
(Date)

Coni Fries  
(Signature of Chairperson)