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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

This is a (Check one) Party Committee

This is an (Check one) Initial Appointment Amended Statement

Committee Name: Blue Cross and Blue Shield of Kansas City Political Action Committee for Kansas

Address: 2301 Main

Address2:

City: Kansas City State: MO Zip: 64108

Business Phone: (816) 395-2801

Email Address: coni.fries@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: melissa.panettiere@bluekc.com Name: Blue Cross and Blue Shield of Kansas City

Affiliated or Connected

Address: 2301 Main Street

Organizations 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: 10/16/2015 1:47:42 PM Signature of Chairperson: Coni K. Fries

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

This is a (Check one)

Party Committee Y 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

Name: Blue Cross and Blue Shield of Kansas City

Organizations

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	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 o	f Kar	nsas City Pol:	itica]	Action Committee for	Kansas
	ess (Street, City, State, g Square, 2301 Ma					•
				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			
•	ess (Street, City, State, ng Square, 2301 Ma	•	•	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						
	filing a false documer					•••
T / 201	-		Ω .	T	:	
June 4, 201 (Date)	<u> </u>		(Signati	ure of (Chairperson)	
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