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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 PAC

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**

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

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

Email Address: **melissa.panettiere@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: **10/16/2015 1:47:42 PM** Signature of Chairperson: **Coni K. Fries**

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