

STATE OF NEVADA  
COMMITTEE FOR POLITICAL ACTION (PAC)  
Registration Form

FILED

FEB - 3 2011  
K Rut-  
SECRETARY OF STATE  
ELECTIONS DIVISION

Secretary of State Ross Miller



COPS

**COMMITTEE FOR POLITICAL ACTION:** (check one)

New Registration

Amended Registration (if amended, list reason)

Change Resident Agent

Change of Address

Change in Officers

Other: \_\_\_\_\_

NAME OF COMMITTEE: Concerned Officers Preserving Safety

Mailing Address: 5575 North Simmons St.; Suite 1 #130

North Las Vegas

NV

89031

City

State

Zip

Telephone

**PURPOSE:** (Briefly state the purpose for which the Political Action Committee was organized.)

To support candidates for local government who are committed to preserving the safety of the citizens of North Las Vegas

**RESIDENT AGENT:** (Pursuant to NRS 294A.240, each Committee for Political Action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent: Vili Fetapai

Mailing Address: 5575 N. Simmons St.; Suite 1 #130

North Las Vegas

NV

89031

City

State

Zip

Telephone

**ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT**

I, Vili Fetapai, hereby accept appointment as Resident Agent for the above named Committee for Political Action.

x Vili Fetapai  
Signature of Resident Agent

2/1/11  
Date

**OFFICERS:** (Please list the name, title, address and telephone number of each officer.)

**NAME:** Vili Fetapai **ADDRESS:** 5575 N. Simmons St.; Suite 1 #130  
**TITLE:** President North Las Vegas NV 89031  
City State Zip Telephone

**NAME:** ~~XXXXXXXXXX~~ Mike Yarter **ADDRESS:** 5575 N. Simmons St.; Suite 1 #130  
**TITLE:** Vice-President + Secretary North Las Vegas NV 89031  
City State Zip Telephone

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
City State Zip Telephone

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
City State Zip Telephone

### AFFILIATIONS

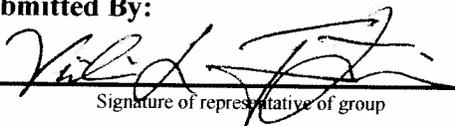
If the Committee for Political Action is affiliated with any other organizations, list the name, address and telephone number of each organization. (Please attach additional pages if necessary)

Name of Organization

Address & Telephone No.

_____ Organization	_____ _____ _____ _____ City State Zip Telephone
_____ Organization	_____ _____ _____ _____ City State Zip Telephone
_____ Organization	_____ _____ _____ _____ City State Zip Telephone

**Submitted By:**

  
Signature of representative of group

2/1/11  
Date

(702) 622-6894  
Telephone



Send completed form to:  
**SECRETARY OF STATE ROSS MILLER**  
**ELECTIONS DIVISION**  
**101 NORTH CARSON STREET, STE. 3**  
**CARSON CITY, NEVADA 89701-4768**  
**PHONE: (775) 684-5705 FAX: (775) 684-5718**

Reset Form