STATEMENT OF RECEIVED

FORM 1	ORGANIZ	ATION	2812 AUG -7 AM 8: 59
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Athena PAC			
ADDRESS (number and street)	301 W Platt S	t, #385	
(Check if address is changed)	Tampa		FL 33606
		CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDF	RESS (Please provide only one e	-mail address)	
(Check if address is changed)	keyinkarpay@	gmail,com, , ,	
is oranged)		 	
COMMITTEE'S WEB PAGE A	DDRESS (URL)	en e	en e
(Check if address is changed)			
2. DATE 08 / 2	2012		
3. FEC IDENTIFICATION	NUMBER C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasu	Amy Martin	· · · · · · · · · · · · · · · · · · ·	
Signature of Treasurer	Anylog U	76	Date 08 / 02 / 2012
NOTE: Submission of false, erro	•	may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g.
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530	

_	ا	FEC Fo	orm 1 (Revised 02/2009)	Page 2
5.			COMMITTEE	
	Can	didate	e Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	Name Cand	e of didate		
		didate / Affiliati	Office Sought: House Senate President	State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand	e of lidate		111111
	Part	ty Con	mmittee:	
	(d)			Democratic, lepublican, etc.) Party.
	Poli	tical A	Action Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
			Corporation Corporation w/o Capital Stock	Labor Organization
				Connective
				Cooperative
			In addition, this committee is a Lobbyist/Registraot PAC.	
	(f)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Join	t Fund	draising Representative:	***************************************
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political
			committees/organizations, at least one of which is an authorized committee of a fodoral carmidate.	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
		Com	nmittees Participating in Joint Fundraiser	
		1.	FEC ID number	
		2.	FEC ID number	
		3.	FEC ID number	
		4.	FEC ID number	

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FEC Form 1 (Revi		Page 3
Write or Type Committee I	lame	
Athena PAC		
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
Kathy Castor		
Mailing Address	[301 W Platt St, #385	
		L 33606 -
	CITY ST	TATE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Rep	resentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position o	of the person in possession of committee
Full Name	y <mark>Martin</mark>	
Mailing Address	301 W Platt St, #385	
	_[Tampa]	[1] [33606] [-[]
Title or Position	CITY STA	TE ZIP CODE
Treasurer	Telephone number	[813,] - [251,] - [5094
8. Treasurer: List the nam- any designated agent (e	e and address (phone number optional) of the treasurer of the com.g., assistant treasurer).	nmittee; and the name and address of
Full Name of Treasurer	y Martin	
Mailing Address	301 W Platt St, #385	
	Tampa F	TE ZIP CODE
Title or Position	Telephone number	 813, _ 251, _ 5094

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Full Name of Designated Agent	Gayla Russell				
Mailing Address	[301, W Platt St, #385]				
		TL 33606 ZIP CODE			
Title or Position Assistant Tre	easurer Telephone number	813 _ 251 _ 5094 _			
	inks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents fety deposit boxes or maintains funds. In a Bank Bank Bank				
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.	neposits funds, noids accounts, rents			
safety deposit boxe Name of Bank, De	es or maintains funds. pository, etc. NorthStar Bank	Deposits funds, noids accounts, rents			
safety deposit boxe Name of Bank, De	es or maintains funds. pository, etc. NorthStar Bank 400 N Ashley Dr	Deposits funds, noids accounts, rents			
safety deposit boxe Name of Bank, De	es or maintains funds. pository, etc. NorthStar Bank				
safety deposit boxe Name of Bank, De	es or maintains funds. Pository, etc. NorthStar Bank 400 N Ashley Dr Suite 1400 Tampa				
safety deposit boxe Name of Bank, De	es or maintains funds. NorthStar Bank 400 N Ashley Dr Suite 1400 Tampa CITY ST	FL [33602,] - [, , ,			
safety deposit boxe Name of Bank, De Mailing Address	es or maintains funds. NorthStar Bank 400 N Ashley Dr Suite 1400 Tampa CITY ST	FL [33602,] - [, , ,			
safety deposit boxe Name of Bank, De Mailing Address	es or maintains funds. NorthStar Bank 400 N Ashley Dr Suite 1400 Tampa CITY ST	FL [33602,] - [, , ,			
safety deposit boxe Name of Bank, De Mailing Address Name of Bank, De	es or maintains funds. NorthStar Bank 400 N Ashley Dr Suite 1400 Tampa CITY ST	EL 33602			
safety deposit boxe Name of Bank, De Mailing Address Name of Bank, De	es or maintains funds. NorthStar Bank 400 N Ashley Dr Suite 1400 Tampa CITY ST	EL 33602			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER **DATE PREPARED**

(3/2005)