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**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Keane Inc. PAC

ADDRESS (number and street)

1 0 0 City Square

Check if different than previously reported. (ACC)

Boston

MA

0 2 1 2 9 - 3 7 1 4

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 3 8 7 5 3 0

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 0 7 / 0 1 / 2 0 0 7 through 1 2 / 3 1 / 2 0 0 7

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James Puthuff

Signature of Treasurer

Date 0 1 / 3 1 / 2 0 0 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**FEC FORM 3X**  
Rev. 12/2004

28039612406

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Keane Inc. PAC

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 0 7 0 1 2 0 0 7 To: <sup>M M / D D / Y Y Y Y</sup> 1 2 3 1 2 0 0 7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y Y Y Y</sup> 2 0 0 7		, 1 6, 1 1 8 . 2 6
(b) Cash on Hand at Beginning of Reporting Period.....	, 1 8, 4 8 0 . 5 4	
(c) Total Receipts (from Line 19).....	, , 0 . ,	, 2 , 6 6 9 . 0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 1 8, 4 8 0 . 5 4	, 1 8, 7 8 7 . 2 6
7. Total Disbursements (from Line 31).....	, 1 8, 0 6 1 . 6 1	, 1 8, 3 6 8 . 3 3
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, , 4 1 8 . 9 3	, , 4 1 8 . 9 3
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	, , 0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	, , 0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

28939612407

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Keane Inc. PAC

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 0 7 / 0 1 / 2 0 0 7 To: <sup>M M / D D / Y Y Y Y</sup> 1 2 / 3 1 / 2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.	1,415.00
(ii) Unitemized .....	0.	1,254.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.	2,669.00
(b) Political Party Committees .....	0.	0.
(c) Other Political Committees (such as PACs).....	0.	0.
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0.	2,669.00
12. Transfers From Affiliated/Other Party Committees.....	0.	0.
13. All Loans Received.....	0.	0.
14. Loan Repayments Received.....	0.	0.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.	0.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.	0.
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.	0.
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.	0.
(b) Levin Funds (from Schedule H5).....	0.	0.
(c) Total Transfers (add 18(a) and 18(b))..	0.	0.
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.	2,669.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.	2,669.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.	0.
(ii) Non-Federal Share.....	0.	0.
(b) Other Federal Operating Expenditures .....	6 1 . 6 1	, 3 6 8 . 3 3
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6 1 . 6 1	, 3 6 8 . 3 3
22. Transfers to Affiliated/Other Party Committees.....	0.	0.
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1 8 , 0 0 0 . 0 0	, 1 8 , 0 0 0 . 0 0
24. Independent Expenditures (use Schedule E) .....	0.	0.
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.	0.
26. Loan Repayments Made.....	0.	0.
27. Loans Made.....	0.	0.
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.	0.
(b) Political Party Committees .....	0.	0.
(c) Other Political Committees (such as PACs).....	0.	0.
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.	0.
29. Other Disbursements .....	0.	0.
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.	0.
(ii) "Levin" Share.....	0.	0.
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.	0.
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.	0.
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1 8 , 0 6 1 . 6 1	, 1 8 , 3 6 8 . 3 3
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 8 , 0 6 1 . 6 1	, 1 8 , 3 6 8 . 3 3

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.	2,669.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.	0.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.	2,669.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	61.61	368.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.	0.
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	61.61	368.33

28039612410

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 1 OF 2	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Keane Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Shrivastava, Sumeet</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address <b>3528 Armfield Farm Drive</b>		Amount of Each Receipt this Period
City <b>Chantilly</b>	State Zip Code <b>VA 20151</b>	
FEC ID number of contributing federal political committee. <b>C</b>		, , 0 .
Name of Employer <b>Keane Federal Systems, Inc.</b>	Occupation <b>Manager</b>	Aggregate Year-to-Date ▼ <b>, 6 0 0 . 0 0 .</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Thomas, Shahtina</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address <b>1906 Tremont Street SE</b>		Amount of Each Receipt this Period
City <b>Washington</b>	State Zip Code <b>DC 20020</b>	
FEC ID number of contributing federal political committee. <b>C</b>		, , 0 .
Name of Employer <b>Keane Federal Systems, Inc.</b>	Occupation <b>Manager</b>	Aggregate Year-to-Date ▼ <b>, 2 7 5 . 0 0 .</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Laffin, Daniel R.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address <b>19 Tracy's</b>		Amount of Each Receipt this Period
City <b>Marshfield</b>	State Zip Code <b>MA 02050</b>	
FEC ID number of contributing federal political committee. <b>C</b>		, , 0 .
Name of Employer <b>Keane, Inc.</b>	Occupation <b>Manager</b>	Aggregate Year-to-Date ▼ <b>, 3 0 0 . 0 0 .</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	, , 0 .
TOTAL This Period (last page this line number only).....▶	, , 0 .

28039612411

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 2

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Keane Inc. PAC

Full Name (Last, First, Middle Initial)

A. Crow, Martha M.

Mailing Address

11 Lettery Circle

City

Sudbury

State

MA

Zip Code

01776

FEC ID number of contributing federal political committee.

C

Name of Employer

Keane, Inc.

Occupation

Manager

Receipt For:

Primary  
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

, 240,000

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

, , 0.

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

, , .

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

, , .

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  
 Other (specify) ▼

General

Aggregate Year-to-Date ▼

, , .

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

, , .

SUBTOTAL of Receipts This Page (optional).....▶

, , 0.

TOTAL This Period (last page this line number only).....▶

, , 0.

28039612412

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 2	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
**Keane Inc. PAC**

**A. Bank of America**

Full Name (Last, First, Middle Initial)  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 0 7

Mailing Address  
100 Federal Street

City Boston State MA Zip Code 02110

Purpose of Disbursement  
Monthly Bank Charges

Candidate Name  
N/A

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
0 0 1  
Category/Type  
, , 2 6 . 8 2

**B. Bank of America**

Full Name (Last, First, Middle Initial)  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Mailing Address  
100 Federal Street

City Boston State MA Zip Code 02110

Purpose of Disbursement  
Monthly Bank Charges

Candidate Name  
N/A

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
0 0 1  
Category/Type  
, , 6 3 2

**C. Bank of America**

Full Name (Last, First, Middle Initial)  
Date of Disbursement  
M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 0 7

Mailing Address  
100 Federal Street

City Boston State MA Zip Code 02110

Purpose of Disbursement  
Monthly Bank Charges

Candidate Name  
N/A

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
0 0 1  
Category/Type  
, , 6 3 4

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ , , 3 9 . 4 8

**TOTAL** This Period (last page this line number only)..... ▶

28039612413

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 2

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Keane Inc. PAC

Full Name (Last, First, Middle Initial)

A. Bank of America		Date of Disbursement
Mailing Address 100 Federal Street		MM / DD / YYYY 10 / 15 / 2007
City Boston	State MA	Zip Code 02110
Purpose of Disbursement Monthly Banking Charges	Candidate Name N/A	Amount of Each Disbursement this Period  , , 682
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

B. Bank of America		Date of Disbursement
Mailing Address 100 Federal Street		MM / DD / YYYY 11 / 15 / 2007
City Boston	State MA	Zip Code 02110
Purpose of Disbursement Monthly Banking Charges	Candidate Name N/A	Amount of Each Disbursement this Period  , , 705
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C. Bank of America		Date of Disbursement
Mailing Address 100 Federal Street		MM / DD / YYYY 12 / 17 / 2007
City Boston	State MA	Zip Code 02110
Purpose of Disbursement Monthly Banking Charges	Candidate Name N/A	Amount of Each Disbursement this Period  , , 826
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶ , , 2213

TOTAL This Period (last page this line number only)..... ▶ , , 6161

28039612414

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 4

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Keane Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. Tom Davis for Congress</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2007
Mailing Address P.O. Box 483		Amount of Each Disbursement this Period  1,500.00
City Dunn Loring	State VA	
Zip Code 22027		
Purpose of Disbursement Contribution	0 1 1	
Candidate Name Tom Davis		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capuano for Congress</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2007
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period  2,300.00
City Washington	State DC	
Zip Code 20003		
Purpose of Disbursement Contribution	0 1 1	
Candidate Name Michael Capuano		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cummings for Congress</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2007
Mailing Address 2901 Druid Park Drive, Suite 203		Amount of Each Disbursement this Period  2,300.00
City Baltimore	State MD	
Zip Code 21215		
Purpose of Disbursement Contribution	0 1 1	
Candidate Name Elijah Cummings		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	6,100.00
TOTAL This Period (last page this line number only)..... ▶	

28039612415

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 4

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Keane Inc. PAC

Full Name (Last, First, Middle Initial)

A. Stephanie Tubbs Jones for US Congress		Date of Disbursement
Mailing Address 3645 Warrensville Center Road, Suite 331		M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
City Shaker Heights	State OH	Zip Code 44122
Purpose of Disbursement Contribution	0 1 1 Category/ Type	Amount of Each Disbursement this Period  2,300.00
Candidate Name Stephanie Tubbs Jones		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. Friends of Bennie Thompson		Date of Disbursement
Mailing Address P.O. Box 100		M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
City Bolton	State MS	Zip Code 39041
Purpose of Disbursement Contribution	0 1 1 Category/ Type	Amount of Each Disbursement this Period  1,500.00
Candidate Name Bennie Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. Alan Mollohan For Congress Committee		Date of Disbursement
Mailing Address 112 File Drive		M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
City Beckley	State West Virginia	Zip Code 25801
Purpose of Disbursement Contribution	0 1 1 Category/ Type	Amount of Each Disbursement this Period  1,000.00
Candidate Name Alan Mollohan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶ , 4,800.00

TOTAL This Period (last page this line number only)..... ▶ , .

28039612416

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 4

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
Keane Inc. PAC

Full Name (Last, First, Middle Initial) <b>A. The Committee for Democratic Majority</b>		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 301 Fourth Street NE, Suite 202		Amount of Each Disbursement this Period  1,500.00
City Washington	State Zip Code DC 20002	
Purpose of Disbursement Contribution Candidate Name Edward Kennedy		0 1 1 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Texans for Lamar Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 6155		Amount of Each Disbursement this Period  2,300.00
City San Antonio	State Zip Code TX 78209	
Purpose of Disbursement Contribution Candidate Name Lamar Smith		0 1 1 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Shelby for US Senate</b>		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period  1,000.00
City Tuscaloosa	State Zip Code AL 35403	
Purpose of Disbursement Contribution Candidate Name Richard Shelby		0 1 1 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4,800.00
TOTAL This Period (last page this line number only).....▶	

28039612417

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 4

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Keane Inc. PAC

Full Name (Last, First, Middle Initial)

A. Friends of Mark Warner

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Mailing Address

1029 N. Royal Street, Second Floor

City State Zip Code

Alexandria VA 22314

Purpose of Disbursement

Contribution

0 1 1  
Category/  
Type

Amount of Each Disbursement this Period

, 2,300.00

Candidate Name

Mark Warner

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

, 2,300.00

TOTAL This Period (last page this line number only)..... ▶

, 18000.00

28039612418

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 1  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Keane Inc. PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) No Loans	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	
<b>TOTALS</b> This Period (last page in this line only)..... ▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

28039612419

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) Keane Inc. PAC	FEC IDENTIFICATION NUMBER C 0 0 3 8 7 5 8 0
---	--

LENDING INSTITUTION (LENDER) Full Name N/A	Amount of Loan _____, _____, _____	Interest Rate (APR) _____%
--	---------------------------------------	-------------------------------

Mailing Address	Date Incurred or Established ____/____/____
City State Zip Code	Date Due ____/____/____

A. Has loan been restructured?  No  Yes If yes, date originally incurred \_\_\_\_/\_\_\_\_/\_\_\_\_

B. If line of credit, Total Outstanding Balance: \_\_\_\_\_  
 Amount of this Draw: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral? \_\_\_\_\_  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_  
 Date account established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE ____/____/____
---	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE ____/____/____
--	-------	------------------------

28039612429

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Keane Inc. PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 No debts or obligations

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....	▶		
2) TOTALS This Period (last page this line number only).....	▶		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶			

28039612421

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Keane Inc. PAC	FEC IDENTIFICATION NUMBER ▼ C 0 0 3 8 7 5 8 0
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee No Independent Expenditures	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶	\$ , , .
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	\$ , , .
(c) TOTAL Independent Expenditures ..... ▶	\$ , , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

\_\_\_\_\_  
Signature

Date M M / D D / Y Y Y Y

28039612422

# Bank of America



Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

RECEIVED  
FEC MAIL ROOM

M

2008 JAN 31 A 11: 19  
Page 1 of 3  
Statement Period  
12/01/07 through 12/31/07  
E00 P PC 0C 50  
Enclosures 8  
Account Number

003332



01493 001 SCH999 0

KEANE, INC PAC  
100 CITY SQ  
BOSTON MA 02129-3777

Customer Service Information  
[www.bankofamerica.com](http://www.bankofamerica.com)

## Deposit Accounts

### Full Analysis Business Checking

KEANE, INC PAC

#### Your Account at a Glance

Account Number	Statement Beginning Balance	\$14,627.19
Statement Period 12/01/07 through 12/31/07	Amount of Deposits/Credits	\$0.00
Number of Deposits/Credits 0	Amount of Withdrawals/Debits	\$14,208.26
Number of Withdrawals/Debits 9	Statement Ending Balance	\$418.93
Number of Days in Cycle 31	Average Ledger Balance	\$6,387.70
	Service Charge	\$8.26

#### Withdrawals and Debits Checks

Check Number	Amount (\$)	Date Posted	Bank Reference	Check Number	Amount (\$)	Date Posted	Bank Reference
1031	1,500.00	12/19	813003992791898	1038*	2,300.00	12/18	813000492633603
1032	2,300.00	12/11	813000770149866	1039	1,000.00	12/07	813000792360078
1034*	2,300.00	12/11	813001492360653	1040	1,500.00	12/03	813000492843203
1035	1,000.00	12/05	813000292259376	1041	2,300.00	12/27	813000992370872

\* Gap in sequential check numbers.

28039612423

KEANE, INC PAC

Page 2 of 3  
Statement Period  
12/01/07 through 12/31/07  
EDD P PC OC 50  
Enclosures 8  
Account Number

**Withdrawals and Debits - Continued**  
**Other Debits**

<u>Date</u>	<u>Customer</u>	<u>Amount (\$)</u>	<u>Description</u>	<u>Bank</u>
<u>Posted</u>	<u>Reference</u>			<u>Reference</u>
12/17		8.26	11/07 Acct Analysis Fee	

**Daily Ledger Balances**

<u>Date</u>	<u>Balance (\$)</u>	<u>Date</u>	<u>Balance (\$)</u>	<u>Date</u>	<u>Balance (\$)</u>
12/01	14,627.19	12/07	11,127.19	12/18	4,218.93
12/03	13,127.19	12/11	6,527.19	12/19	2,718.93
12/05	12,127.19	12/17	6,518.93	12/27	418.93

28039612424



**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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *DAV* Shipping Date  
*1/30/08*  
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

*JNO*  
 PREPARER  
 (3/2005)

*1/31/08*  
 DATE PREPARED

28039612425