25038711455

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER
2005 JAN 31 PM 4:00

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12PE4M5

Keane Inc PAC

ADDRESS (number and street) ▼ — 100 City Square

☐ Check if different than previously reported. (ACC)

Boston — MA — 02129 - 3714

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ — C00387530

3. IS THIS REPORT ☐ 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)
- ☐ 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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ 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 11 23 2004 through 12 31 2004

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: John J. Leahy

Signature of Treasurer: [signature] — Date 01 28 2005

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							

FEC FORM 3X (Rev. 02/2003)

FE4NN046

25038711456

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Keane Inc PAC

Report Covering the Period: From: 11 / 23 / 2004 To: 12 / 31 / 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		0
(b) Cash on Hand at Beginning of Reporting Period	8454.95	
(c) Total Receipts (from Line 19)	2111.00	18091.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10565.95	18091.00
7. Total Disbursements (from Line 31)	152.92	7677.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10413.03	10413.03
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

25038711457

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Keane Inc PAC

Report Covering the Period: From: 11 23 2004 To: 12 31 2004

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)	1 941 00	14 329 00
(ii) Unitemized	170 00	3 762 00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	2 111 00	18 091 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) ▶	2 111 00	18 091 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)) ▶	2,111.00	18,091.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	2,111.00	18,091.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	1 5 2 9 2	6 7 7 9 7
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	1 5 2 9 2	6 7 7 9 7
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	7 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 5 2 9 2	7 6 7 7 9 7
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	1 5 2 9 2	7 6 7 7 9 7

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	2 1 3 1 0 0	1 8 0 9 1 0 0
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2 1 1 1 0 0	1 8 0 9 1 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1 5 2 9 2	6 7 7 9 7
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	1 5 2 9 2	6 7 7 9 7

25038711460

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

PAGE 1 OF 5

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

A. Full Name (Last, First, Middle Initial): Keane, Brian T.
Mailing Address: 37 Juniper Road
City: Weston State: MA Zip Code: 02493
FEC ID number of contributing federal political committee: C
Name of Employer: Keane, Inc.
Occupation: Executive Officer
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1,392.00
Date of Receipt: 12 23 2004
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial): Raasch, Robert L.
Mailing Address: 7027 Haycock Road #E
City: Falls Church State: VA Zip Code: 22043
FEC ID number of contributing federal political committee: C
Name of Employer: Keane Federal Systems, Inc.
Occupation: Manager
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1,392.00
Date of Receipt: 12 23 2004
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial): Shrivastava, Sumeet
Mailing Address: 3528 Armfield Farm Drive
City: Chantilly State: VA Zip Code: 20151
FEC ID number of contributing federal political committee: C
Name of Employer: Keane Federal Systems, Inc.
Occupation: Manager
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 792.00
Date of Receipt: 12 23 2004
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

FE4A0045

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Keane Inc PAC

A.
Full Name (Last, First, Middle Initial): Snyder, Martha S.
Mailing Address: 7469 Flamewood Drive
City: Clarksville State: MD Zip Code: 21029
FEC ID number of contributing federal political committee: C
Name of Employer: Keane Federal Systems, Inc.
Occupation: Manager
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 2496.00
Date of Receipt: 12 / 23 / 2004
Amount of Each Receipt this Period: 576.00

B.
Full Name (Last, First, Middle Initial): Welsh, Linda K.
Mailing Address: 1723 Thurston Drive
City: Laguna Beach State: CA Zip Code: 92651
FEC ID number of contributing federal political committee: C
Name of Employer: Keane, Inc.
Occupation: Vice President
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 792.00
Date of Receipt: 12 / 23 / 2004
Amount of Each Receipt this Period: 150.00

C.
Full Name (Last, First, Middle Initial): Leahy, John J.
Mailing Address: 162 Highland Street
City: Weston State: MA Zip Code: 02493
FEC ID number of contributing federal political committee: C
Name of Employer: Keane, Inc.
Occupation: Executive Officer
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 12 / 23 / 2004
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ▶ 786.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER (check only one): [x] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full): Keane Inc PAC

A.
Full Name (Last, First, Middle Initial): Laffin, Daniel R.
Mailing Address: 19 Tracy's
City: Marshfield State: MA Zip Code: 02050
FEC ID number of contributing federal political committee: C
Name of Employer: Keane, Inc.
Occupation: Regional Director
Receipt For: [ ] Primary [x] General [ ] Other (specify)
Aggregate Year-to-Date: 475.00
Date of Receipt: 12 23 2004
Amount of Each Receipt this Period: 75.00

B.
Full Name (Last, First, Middle Initial): Stetzler, Therese M.
Mailing Address: 836 Old Mill Drive
City: Loveland State: OH Zip Code: 45140
FEC ID number of contributing federal political committee: C
Name of Employer: Keane, Inc.
Occupation: Manager
Receipt For: [ ] Primary [x] General [ ] Other (specify)
Aggregate Year-to-Date: 485.00
Date of Receipt: 12 23 2004
Amount of Each Receipt this Period: 45.00

C.
Full Name (Last, First, Middle Initial): Thomas, Shashrina L.
Mailing Address: 1906 Tremont Street SE
City: Washington State: DC Zip Code: 20020
FEC ID number of contributing federal political committee: C
Name of Employer: Keane Federal Systems, Inc.
Occupation: Manager
Receipt For: [ ] Primary [x] General [ ] Other (specify)
Aggregate Year-to-Date: 175.00
Date of Receipt: 12 23 2004
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional): 195.00

TOTAL This Period (last page this line number only):

25038711463

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4 OF 5
(check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Keane Inc PAC

A.
Full Name (Last, First, Middle Initial): King, Melton
Mailing Address: 3105 Hemlock Hills Lane
City: Apex State: NC Zip Code: 27539
FEC ID number of contributing federal political committee: C
Name of Employer: Keane, Inc.
Occupation: Manager
Receipt For: [ ] Primary [x] General [ ] Other (specify)
Aggregate Year-to-Date: 270.00
Date of Receipt: 12 23 2004
Amount of Each Receipt this Period: 45.00

B.
Full Name (Last, First, Middle Initial): Atwell, Robert
Mailing Address: 9 Middlesborough Court
City: Durham State: NC Zip Code: 27705
FEC ID number of contributing federal political committee: C
Name of Employer: Keane, Inc.
Occupation: Executive Officer
Receipt For: [ ] Primary [x] General [ ] Other (specify)
Aggregate Year-to-Date: 260.00
Date of Receipt: 12 23 2004
Amount of Each Receipt this Period: 60.00

C.
Full Name (Last, First, Middle Initial): Paris, Raymond
Mailing Address: 19 Lillian Lane
City: Plainview State: NY Zip Code: 11803
FEC ID number of contributing federal political committee: C
Name of Employer: Keane, Inc.
Occupation: Executive Officer
Receipt For: [ ] Primary [x] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 12 23 2004
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ▶ 165.00

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

25038711464

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER (check only one): [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

PAGE 5 OF 5

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NAME OF COMMITTEE (In Full)
Keane Inc PAC

A.
Full Name (Last, First, Middle Initial): Jones, April
Mailing Address: 43279 Rush Run Terrace
City: Ashburn State: VA Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: Keane Federal Systems, Inc.
Occupation: Senior Recruiter
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 12 23 2004
Amount of Each Receipt this Period: 45.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date:
Date of Receipt:
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date:
Date of Receipt:
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

TOTAL This Period (last page this line number only) ▶ 1941.00

FE4MX45

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)

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

PAGE 1 OF 1

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)

Keene Inc PAC

A.

Full Name (Last, First, Middle Initial): Bank of America

Mailing Address: 100 Federal Street

City: Boston State: MA Zip Code: 02110

Purpose of Disbursement: Monthly Banking Charges

Candidate Name: N/A

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [x] General [ ] Other (specify)

Category/Type: 001

Date of Disbursement: 11 15 2004

Amount of Each Disbursement this Period: 89.10

B

Full Name (Last, First, Middle Initial): Bank of America

Mailing Address: 100 Federal Street

City: Boston, MA 02110 State: Zip Code:

Purpose of Disbursement: Monthly Banking Charges

Candidate Name: N/A

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [x] General [ ] Other (specify)

Category/Type: 001

Date of Disbursement: 12 14 2004

Amount of Each Disbursement this Period: 63.82

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Category/Type:

Date of Disbursement:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 152.92

TOTAL This Period (last page this line number only) ▶ 152.92

FEC Schedule B (Form 3X) Rev. 02/2003

FLAN8145

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:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Mailing Address

City State ZIP Code

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

TERMS

Date Incurred | Date Due | Interest Rate % (apr) | Secured: [ ] Yes [ ] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

TOTALS 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.

25038711467

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 1 of Schedule C

NAME OF COMMITTEE (In Full): Keane Inc PAC

FEC IDENTIFICATION NUMBER: C00387530

LENDING INSTITUTION (LENDER)
Full Name: N/A

Amount of Loan:

Interest Rate (APR): %

Mailing Address

City State Zip Code

Date Incurred or Established

Date Due

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred

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

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 tangibles 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).

Date account established:

Location of account:

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

FC4AN045

25038711468

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

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

PAGE 1 OF 1

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) ▶

25038711469

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 3 0

Check if ☐ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle Initial) of Payee
No Independent Expenditures

Date

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President State District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President State District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ 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.

Date

Signature

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Federal Election Commission

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