FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 DEC -8 A 10: 31

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) ▼

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 [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)
- [ ] 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 MM / DD / YYYY in the State of

(d) 30-Day POST-Election Report for the: [X] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 10 / 01 / 2006 through 11 / 27 / 2006

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 Paul Jalbert, Assistant Treasurer

Signature of Treasurer [signature] Date 12 / 07 / 2006

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. 12/2004

FE6AN026

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: 10/01/2006 To: 11/27/2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		28930.78
(b) Cash on Hand at Beginning of Reporting Period	35852.56	
(c) Total Receipts (from Line 19)	948.00	9213.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36800.56	38143.78
7. Total Disbursements (from Line 31)	21086.12	22429.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15714.44	15714.44
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Keane Inc PAC

Report Covering the Period: From: 10/01/2006 To: 11/27/2006

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)	820.00	6424.00
(ii) Unitemized	128.00	2789.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	948.00	9213.00
(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) ▶	948.00	9213.00
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)) ▶	948.00	9213.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	948.00	9213.00

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	8612	42934
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	8612	42934
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	21000 00	22000 00
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))	21086 12	22429 34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	21086 12	22429 34

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)	9480.00	9213.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9480.00	9213.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	8612	42934
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	8612	42934

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

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): Snyder, Martha S.
Mailing Address: 7469 Flamewood Drive
City: Clarkville State: MD Zip Code: 21029
FEC ID number of contributing federal political committee: C
Name of Employer: Keane Federal Systems, Inc.
Occupation: Former Manager
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1001.00
Date of Receipt: MM / DD / YYYY
Amount of Each Receipt this Period: 0

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: Former Manager
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: MM / DD / YYYY
Amount of Each Receipt this Period: 0

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: 1,200.00
Date of Receipt: 11 / 24 / 2006
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

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): 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: Former Exec. Officer
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1728.00
Date of Receipt: 11/09/2006
Amount of Each Receipt this Period: 0

B.
Full Name (Last, First, Middle Initial): Thomas, Shashrina
Mailing Address: 1906 Trement 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: 600.00
Date of Receipt: 11/24/2006
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Atwell, Robert B.
Mailing Address: 9 Middleborough Court
City: Durham State: NC Zip Code: 27705
FEC ID number of contributing federal political committee: C
Name of Employer: Keane, Inc.
Occupation: Senior Manager
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt: 11/24/2006
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

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

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: Manager
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11/24/2006
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): 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: Senior Manager
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt: 11/24/2006
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial): Stetzer, 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: 360.00
Date of Receipt: 11/24/2006
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

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

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): Mazza, Ralph C.
Mailing Address: 300 Painted Fall Way
City: Cary, State: NC Zip Code: 27513
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: 240 00
Date of Receipt: 11 24 2006
Amount of Each Receipt this Period: 40 00

B.
Full Name (Last, First, Middle Initial): Hodgson, Shelley A.
Mailing Address: 2304 Huntersridge Drive
City: Irving, State: TX Zip Code: 75063
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: 240 00
Date of Receipt: 11 24 2006
Amount of Each Receipt this Period: 40 00

C.
Full Name (Last, First, Middle Initial): Gott, Edward J., III
Mailing Address: 37 Bellevue Avenue
City: S. Portland State: ME Zip Code: 04106
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: 240 00
Date of Receipt: 11 24 2006
Amount of Each Receipt this Period: 40 00

SUBTOTAL of Receipts This Page (optional) ▶ 120 00

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

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) PAGE 5 OF 5

[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): Kovich, John
Mailing Address: 31065 Pheasant Run, Apt. 2
City: Farmington Hills, MI State: Zip Code: 48334
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: 240.00
Date of Receipt: 11/24/2006
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): Kerber, William S.
Mailing Address: 4209 Hickory Ridge Boulevard
City: Greenwood, State: IN Zip Code: 46143
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: 240.00
Date of Receipt: 11/24/2006
Amount of Each Receipt this Period: 40.00

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) ▶ 80.00

TOTAL This Period (last page this line number only) ▶ 820.00

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

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NAME OF COMMITTEE (In Full)
Keane 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 Bank Charges
Category/Type: 001
Candidate Name: N/A
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 16 / 2006
Amount of Each Disbursement this Period: 53.71

B.
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 Bank Charges
Category/Type: 001
Candidate Name: N/A
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 15 / 2006
Amount of Each Disbursement this Period: 32.41

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 86.12

TOTAL This Period (last page this line number only) ▶ 86.12

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

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NAME OF COMMITTEE (In Full)
Keane Inc PAC

A.
Full Name (Last, First, Middle Initial): Capuano for Congress Committee — C00336388
Mailing Address: P.O. Box 440305
City: Somerville State: MA Zip Code: 02144
Purpose of Disbursement: Support reelection campaign
Category/Type: 011
Candidate Name: Michael E. Capuano
Office Sought: [X] House [ ] Senate [ ] President
State: MA District: 8th
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 11/06/2006
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): Republican Governors Association
Mailing Address: 1747 Pennsylvania Avenue, NW, Suite 250
City: Washington, DC State: Zip Code: 20006
Purpose of Disbursement: Political contribution to support candidates
Category/Type: 011
Candidate Name: N/A
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify)
Date of Disbursement: 11/06/2006
Amount of Each Disbursement this Period: 10,000.00

C.
Full Name (Last, First, Middle Initial): Democratic Governors Association
Mailing Address: 1401 K Street, NW, Suite 200
City: Washington, DC State: Zip Code: 20005
Purpose of Disbursement: Political contribution to support candidates
Category/Type: 011
Candidate Name: N/A
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify)
Date of Disbursement: 11/06/2006
Amount of Each Disbursement this Period: 10,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 21,000.00

TOTAL This Period (last page this line number only) ▶ 21,000.00

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

Mailing Address

City State ZIP Code

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

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred M M / D D / Y Y Y Y

Date Due M M / D D / Y Y Y Y

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.

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: C00387580

LENDING INSTITUTION (LENDER)
Full Name: N/A

Amount of Loan

Interest Rate (APR) %

Mailing Address

City State Zip Code

Date Incurred or Established MM / DD / YYYY

Date Due MM / DD / YYYY

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

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 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).

Date account established: MM / DD / YYYY

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 MM / DD / YYYY

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 MM / DD / YYYY

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) ▶

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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

Check if ☐ 24-hour notice ☐ 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: ☐ 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 M M / D D / Y Y Y Y

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.

Signature

Date M M / D D / Y Y Y Y

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
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☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): Fed-Ex	Shipping Date 12-7-05
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
PREPARER	12-8-05 DATE PREPARED

(3/2005)

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