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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

KEANE INC PAC (KEANE PAC)

ADDRESS (number and street) ▼ (Check if address is changed)

c/o KEANE, INC.
100 CITY SQUARE

BOSTON | MA | 02129-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

KEANEPAC@KEANE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

617-241-8032

2. DATE 01 / 30 / 2007

3. FEC IDENTIFICATION NUMBER ▶ C00387580

4. IS THIS STATEMENT NEW (N) OR X 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 Treasurer John J. Leahy

Signature of Treasurer [signature] Date 01 30 2007

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

5. TYPE OF COMMITTEE (Check One)

(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. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State

District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) X This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

K E A N E, I N C.

Mailing Address 1 0 0 C I T Y S Q U A R E

B O S T O N M A 0 2 1 2 9 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship C O N N E C T E D

Type of Connected Organization:

X Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

KEANE INC PAC (KEANE PAC)

Full Name: JOHN J LEAHY

Mailing Address: c/o KEANE, INC.
100 CITY SQUARE
BOSTON MA 02129-

Title or Position▼: TREASURER | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 617-241-9200

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: JOHN J LEAHY

Mailing Address: c/o KEANE, INC
100 CITY SQUARE
BOSTON MA 02129-

Title or Position▼: TREASURER | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 617-241-9200

Full Name of Designated Agent: C. WHITNEY PEDERSEN

Mailing Address: c/o KEANE, INC.
100 CITY SQUARE
BOSTON MA 02129-

Title or Position▼: SECRETARY | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 617-241-9200

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address 100 FEDERAL STREET

BOSTON MA 02110-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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(3/2005)

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