

RECEIVED
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Keane
enabling transformation

April 23, 2008

Overnight Delivery

Federal Election Commission
999 E Street NW
Washington, DC 20463

Re: Termination Report
Keane Inc. PAC / C00387530

Dear Commissioners:

Enclosed is the zero-balance termination report of the Keane Inc. PAC.

Due to administrative oversight, I had recorded the due date as April 30th. I apologize for the delay.

Sincerely,



C. Whitney Pedersen
Secretary

CWP/crd
Enclosure

28039710964

**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:

0 1 / 0 1 / 2 0 0 8

To:

0 3 / 3 1 / 2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2 0 0 8		, 4 1 8 . 9 3
(b) Cash on Hand at Beginning of Reporting Period.....	, 4 1 8 . 9 3	
(c) Total Receipts (from Line 19).....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 4 1 8 . 9 3	, 4 1 8 . 9 3
7. Total Disbursements (from Line 31).....	, 4 1 8 . 9 3	, 4 1 8 . 9 3
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0	0
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

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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: M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 8 To: M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8

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.	0.
(ii) Unitemized.....	0.	0.
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.	0.
(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.	0.
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.	0.
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.	0.

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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	3 8 6 5	3 8 6 5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3 8 6 5	3 8 6 5
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)	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	3 8 0 2 8	3 8 0 2 8
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))..	4 1 8 9 3	4 1 8 9 3
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4 1 8 9 3	4 1 8 9 3

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

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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)	PAGE 1 OF 1
	<input type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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) A. No Receipts		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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**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 1
	<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	

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)
Bank of America

Date of Disbursement
MM / DD / YYYY
01 / 16 / 2008

Mailing Address
100 Federal Street

City Boston State MA Zip Code 02110

Purpose of Disbursement
Monthly Bank Charges

Candidate Name

001
Category/Type

Amount of Each Disbursement this Period
1,796

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

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

Date of Disbursement
MM / DD / YYYY
02 / 15 / 2008

Mailing Address
100 Federal Street

City Boston State MA Zip Code 02110

Purpose of Disbursement
Monthly bank Charges

Candidate Name

001
Category/Type

Amount of Each Disbursement this Period
2,069

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

C. Full Name (Last, First, Middle Initial)

Date of Disbursement
MM / DD / YYYY

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).....▶ 3,865

TOTAL This Period (last page this line number only).....▶ 3,865

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**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 1

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 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. Boston University School of Management

Mailing Address
595 Commonwealth Avenue

City Boston State MA Zip Code 02215

Purpose of Disbursement Donation to recognized charitable institution

Candidate Name
N/A

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Amount of Each Disbursement this Period
3 8 0 . 2 8

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶	3 8 0 . 2 8
TOTAL This Period (last page this line number only).....▶	3 8 0 . 2 8

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SCHEDULE C (FEC Form 3X)
LOANS

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
-------------------------	----------------------------	---

TERMS	Date Incurred M M / D D D / Y Y - Y Y - Y Y	Date Due M M / D D D / Y Y - Y Y - Y Y	Interest Rate % (apr)	Secured: <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:

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.	

28039710973

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

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

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	M M / D D / Y Y Y Y
City State Zip Code		Date Due	M M / D D / Y Y Y Y
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred M M / D D / Y Y Y Y	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> 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: M M / D D / Y Y Y Y		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 M M / D D / Y Y Y Y	
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		DATE M M / D D / Y Y Y Y	
Title			

28039710974

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

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**

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

28059710976



(Re: Keane Inc. PAC)

Keane Inc.
100 City Square
Boston, MA 02129

Boston University gratefully acknowledges receipt of your gift in the amount of \$380.28, dated March 17, 2008, to benefit the Institute for Global Work Fund.

No goods or services were provided in return for this gift.

Receipt Date 03/25/2008
Receipt Number: 22590

Raymond L. Jalette
Director of Gifts and Records

28039710977

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): *Fed Ex* Shipping Date
4/23/08
 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

E
 PREPARER

4/24/08
 DATE PREPARED

28039710978