**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) TRINET GROUP INC POLITICAL ACTION COMMITTEE One Park Pl ADDRESS (number and street) Suite 600 (Check if address is changed) Dublin 94568 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address pac@trinet.com is changed) Optional Second E-Mail Address PACServices@ddcpublicaffairs.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00495556 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR 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 Yeager, Ryan,, Date 05 12 2025 Signature of Treasurer Yeager, Ryan, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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|---|---|--|--|--|--|
| TYPE OF COMMITTEE:  |   |  |  |  |  |
| Candidate Committee:  |   |  |  |  |  |
| (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. (Con information below.)  | nplete the candidate                    |  |  |  |  |
| Name of Candidate   |   |  |  |  |  |
| Candidate Office Party Affiliation Sought: House Senate Preside   | State ent District                      |  |  |  |  |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.   |   |  |  |  |  |
| Name of Candidate   |   |  |  |  |  |
| Party Committee:  |   |  |  |  |  |
| (d) This committee is a   | emocratic,<br>epublican, etc.) Party    |  |  |  |  |
| Delitical Action Committee (DAC)  |   |  |  |  |  |
| Political Action Committee (PAC):  (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its   | connected organization is a:            |  |  |  |  |
| (e) This definition is a departure degregated faile. (identify definited disganization on line e.) its  | oormootod organization to d.            |  |  |  |  |
| X Corporation Corporation w/o Capital Stock   | Labor Organization                      |  |  |  |  |
| Membership Organization Trade Association   | Cooperative                             |  |  |  |  |
| In addition, this committee is a Lobbyist/Registrant PAC.   |   |  |  |  |  |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)  | egregated fund or party                 |  |  |  |  |
| In addition, this committee is a Lobbyist/Registrant PAC.   |   |  |  |  |  |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |   |  |  |  |  |
| (g) This committee is an independent expenditure-only political committee (Super PAC).  |   |  |  |  |  |
| In addition, this committee is a Lobbyist/Registrant PAC.   |   |  |  |  |  |
| (h) This committee is a political committee with both contribution and non-contribution accounts (H   | Hybrid PAC).                            |  |  |  |  |
| In addition, this committee is a Lobbyist/Registrant PAC.   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |  |  |
| and addition, this committee is a 2000yiour legistratic 1760.   |   |  |  |  |  |
| Joint Fundraising Representative:   |   |  |  |  |  |
| (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, at least one of which is an authorized committee of a federal candidate. | ·                                       |  |  |  |  |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, none of which is an authorized committee of a federal candidate.         | for two or more political               |  |  |  |  |
| Committees Participating in Joint Fundraiser  |   |  |  |  |  |
| 1. C  |   |  |  |  |  |

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|----------------|-----------------------------|---------|---|
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| Write or Type | Committee | Name |
|---------------|-----------|------|
|---------------|-----------|------|

| TRINET        | GROUP  | INC POL | ITICAL                | ACTION | COMMITTEE   |
|---------------|--------|---------|-----------------------|--------|-------------|
| 1 1 1 1 1 1 1 | GIVOUE |         | $IIII \cup \cap \bot$ |        | COMMINITALE |

|    | TIMILI SINGUI                 | 11101011  | 10/12/101101           | 1 001111111        |                    |                         |  |
|----|-------------------------------|---|------------------------|--------------------|--------------------|-------------------------|--|
| 6. |                               | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor |                        |                    |                    |                         |  |
|    | TriNet Group Inc.             |   |                        |                    |                    |                         |  |
|    | 1                             |   |                        |                    |                    |                         |  |
|    |                               | O a a Davida Di   |                        |                    |                    |                         |  |
|    | Mailing Address               | One Park PI   |                        |                    |                    |                         |  |
|    |                               | Suite 600   |                        |                    |                    |                         |  |
|    |                               | Dublin  |                        |                    | CA                 | 94568                   |  |
|    |                               |   | CITY ▲                 | -                  | STATE ▲            | ZIP CODE ▲              |  |
|    | Relationship: X Connected     | Organization Aff  | iliated Organization   | Joint Fundraising  | Representative     | Leadership PAC Sponsor  |  |
|    |                               |   |                        | ·                  | •                  |                         |  |
| _  |                               |   |                        |                    |                    |                         |  |
| 7. | Custodian of Records: Identi  | fy by name, address   | (phone number option   | al) and position o | f the person in po | ossession of committee  |  |
|    | books and records.            |   |                        |                    |                    |                         |  |
|    | Yeager, Ry                    | an, , ,   |                        |                    |                    | 1                       |  |
|    | Full Name                     |   |                        |                    |                    |                         |  |
|    | Mailing Address               | One Park PI   |                        |                    |                    |                         |  |
|    |                               | Suite 600   |                        |                    |                    | 1                       |  |
|    |                               | Dublin  |                        |                    | CA 1 19            | 94568                   |  |
|    |                               |   |                        |                    |                    |                         |  |
|    |                               |   | CITY ▲                 |                    | STATE ▲            | ZIP CODE ▲              |  |
|    | Title or Position ▼           |   |                        |                    |                    |                         |  |
|    | Custodian of Records          |   |                        | Telephone num      | 510<br>ber         | _ 352 _ 5000            |  |
|    |                               |   |                        |                    |                    |                         |  |
| 8. | Treasurer: List the name and  |   | umber optional) of the | treasurer of the   | committee; and     | the name and address of |  |
|    | any designated agent (e.g., a | ssistant treasurer).  |                        |                    |                    |                         |  |
|    | Full Name Yeager, Ry          | an, , ,   |                        |                    |                    |                         |  |
|    | of Treasurer                  |   |                        |                    |                    |                         |  |
|    | Mailing Address               | One Park Place  |                        |                    |                    |                         |  |
|    |                               | Suite 600   |                        |                    |                    |                         |  |
|    |                               | Dublin  |                        |                    | CA I IS            | 94568                   |  |
|    |                               |   |                        |                    |                    |                         |  |
|    | Till a De Till                |   | CITY ▲                 |                    | STATE ▲            | ZIP CODE ▲              |  |
|    | Title or Position ▼           |   |                        |                    | <b>5</b> 40        | 050 5000                |  |
|    | Treasurer                     |   |                        | Telephone num      | ber 510            | 5000                    |  |
| I  |                               |   |                        |                    |                    | I                       |  |

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|-------------------------------------|---|-----------------------------|--|--|
| Full Name of<br>Designated<br>Agent | Birch, Anthony, , ,   |                             |  |  |
| Mailing Address                     | One Park PI   |                             |  |  |
|                                     | Suite 600   |                             |  |  |
|                                     | Dublin CA   | 94568                       |  |  |
|                                     | CITY ▲ STATE ▲  | ZIP CODE ▲                  |  |  |
| Title or Position                   |   | 0   352   5000              |  |  |
| Assistant Treasu                    | Telephone number  |                             |  |  |
| Banks or Other<br>safety deposit bo | <b>Depositories:</b> List all banks or other depositories in which the committee deposits fuxes or maintains funds. | ands, holds accounts, rents |  |  |
| Name of Bank, Depository, etc.      |   |                             |  |  |
|                                     | Bank of America   |                             |  |  |
| Mailing Address                     | PO Box 25118  |                             |  |  |
|                                     |   |                             |  |  |
|                                     | Tampa FL  | 33622                       |  |  |
|                                     | CITY ▲ STATE ▲  | ZIP CODE ▲                  |  |  |
| Name of Bank, D                     | Depository, etc.  |                             |  |  |
|                                     |   |                             |  |  |
| Mailing Address                     |   |                             |  |  |
|                                     |   |                             |  |  |
|                                     |   |                             |  |  |
|                                     | CITY ▲ STATE ▲  | ZIP CODE ▲                  |  |  |

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Amendment to update Assistant Treasurer.

Form/Schedule: Transaction ID: