Only

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FORM 1		O	RGAN	IZATI	ON												
											0	ffice l	Use O	nly			
1. NAME OF COMMITTEE (in	full)		Check if nam changed)		cample: If the reason to the complex		/pe	1	2FE	4M5	5	Ξ					
GLAUKOS I	PAC												1 1				
		1 1 1				1 1	1 1			ı	1 1	ı	1 1	ı		l I	
ADDRESS (number a	nd street)	ONE GLA	AUKOS WAY	1 1 1		1 1	1 1	1 1			1 1					1 1	_
(Check if a	address															1 1	_
is changed	1)	ALISO VI							CA		926	556					_
		CI	TY▲					S	TATE	<b>A</b>			Ζ	IP CC	ODE <b>A</b>	`	
COMMITTEE'S E-MA	AL ADDRE	ESS															
		COMPL	IANCE@RIGI	HTSIDECOI	MPLIANCE	COM.											
		Optional	Second E-Ma	ail Address													
COMMITTEE'S WEB		DRESS (UF	RL)														
		1															ı
2. DATE 00	M / D		2024														
3. FEC IDENTIFIC	CATION N	UMBER ▶		C00825	364	::											
4. IS THIS STATEM	MENT >	NEW	(N) <b>O</b>	R	AM	IENDED	(A)										
certify that I have e	examined t	his Stateme	nt and to the	best of my	knowledر ،	ge and b	elief i	t is tr	ue, c	orrec	t anc	l cor	nplete	э.			
Type or Print Name	of Treasure	er <u>HOBBS,</u>	CABELL, , ,														
Signature of Treasure	er HOE	BBS, CABELL	-1 1 1					Date	9	M 06	M /	D	05	/	202		Υ
NOTE: Submission of	false, error		omplete inform									pena	alties	of 52	U.S.C	). §30	109.
Office	Т				_	ner inform											_
Use					Federal I	Election C 800-424-9	ommiss						C F		<b>PM 1</b> 2012)		I

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2					
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. (Complete the cinformation below.)						
Name of Candidate	<u> </u>					
Candidate Office	State					
Party Affiliation Sought: House Senate President	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 (National, State or subordinate) committee of the Republication	n, etc.) Party					
Political Action Committee (PAC).						
Political Action Committee (PAC):  (e)	ted organization is a:					
	_					
	Organization					
Membership Organization Trade Association Coope	rative					
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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 (Hybrid F	PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.	-,					
Joint Fundraising Representative:						
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political					
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
Committees Participating in Joint Fundraiser						
1. C						

I	FEC Form 1 (Revised 0)	2/2009)		Page <b>3</b>	ı
٧	Vrite or Type Committee Name	<u> </u>			
	GLAUKOS IPAC				
6.	-	ganization, Affiliated Committee, Joint	Fundraising Representat	tive, or Leadership PAC Sponso	r
	GLAUKOS				
	Mailing Address	ONE GLAUKOS WAY			
	Walling Address				
		ALISO VIEJO	ı cA	1 192656 1 1	
	_	CITY ▲	STATE	ZIP CODE ▲	
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising Repres	sentative Leadership PAC Sp	onsc
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number opt	ional) and position of the pe	erson in possession of committee	
	HOBBS, CA	ABELL, , ,			
	Full Name				
	Mailing Address	PO BOX 341027			
		AUSTIN		78734	ı
		CITY ▲	STATE	ZIP CODE ▲	
	Title or Position ▼				
	TREASURER		Telephone number	512 277 6095	
8.	any designated agent (e.g., a		the treasurer of the comm	nittee; and the name and address	of
	Full Name HOBBS, CA of Treasurer	ABELL, , ,			
	Mailing Address	PO BOX 341027			
		1			ı
		AUSTIN	TX	78734	
		CITY ▲	STATE	E ▲ ZIP CODE ▲	
	Title or Position ▼				
	TREASURER		Telephone number	512 - 277 - 6095	<b>5</b>

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Full Name of Designated Agent	THURMAN, ALEX, , , , ONE GLAUKOS WAY	
Mailing Address	CNE GEAGREG WAT	
	ALISO VIEJO CA	92656
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position		
ASSISTANT TRE	ASURER Telephone number	
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits xes or maintains funds.	funds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	CHAIN BRIDGE BANK	
Mailing Address	1445A LAUGHLIN AVENUE	
	MCLEAN	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲