FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Across the Aisle PAC 611 Pennsylvania Avenue SE ADDRESS (number and street) Suite 143 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Idecot@mbacg.com (Check if address is changed) Optional Second E-Mail Address ckoob@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2022 C00696591 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. Koob, Christopher, , , Type or Print Name of Treasurer Koob, Christopher, , , [Electronically Filed] 02 09 2022 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	Dag - 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)		(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	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.	o or more political
(h)	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.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Na		- ago c
Across the Ais	sle PAC	
	d Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY ST	TATE ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Rep	Dresentative Leadership PAC Sponsor
7. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position o	of the person in possession of committee
	Christopher, , ,	
Full Name	611 Pennsylvania Avenue SE	
Mailing Address	Suite 143	
	Washington C	DC , 20003
Title or Position	CITY STA	ATE ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the comp., assistant treasurer).	nmittee; and the name and address of
	Christopher, , ,	
of Treasurer	611 Pennsylvania Avenue SE	
Mailing Address		
	Suite 143	
		DC 20003 -
Title or Position , Treasurer	CITY STA	ATE ZIP CODE
Treasurer	Telephone number	

I LC FOII	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Lee, Lauren, Decot, ,	
Mailing Address	611 Pennsylvania Avenue SE	
	Suite 143	
	Washington DC 20003	
	CITY STATE	ZIP CODE
Title or Position Assistant Treas		
Banks or Other safety deposit be	r Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds.	ds accounts, rents
Banks or Other safety deposit be Name of Bank,	ooxes or maintains funds.	ds accounts, rents
safety deposit be	ooxes or maintains funds.	ds accounts, rents
safety deposit be	Depository, etc. Bank of America 1801 K St NW	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank of America 1801 K St NW	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank of America 1801 K St NW	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank of America 1801 K St NW	ds accounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE Depository, etc. Amalgamated Bank 1825 K Street NW	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE Depository, etc. Amalgamated Bank 1825 K Street NW	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 1801 K St NW Washington CITY STATE Depository, etc. Amalgamated Bank 1825 K Street NW	