

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

Oldfield New Mission

ADDRESS (number and street)  (Check if address  
is changed) 1699 N Downing Street

Denver

CITY ▲ CO

80218

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

change@oldfieldnewcolorado.com

Optional Second E-Mail Address  
coldfieldweb@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

https://oldfieldnewcolorado.com

2. DATE

M M / D D / Y Y Y Y  
11 / 26 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00929471

4. 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 Oldfield, Christopher, A, Mr,

Signature of Treasurer

Oldfield, Christopher, A, Mr,

Date

M M / D D / Y Y Y Y  
12 / 04 / 2025NOTE: 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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 5. 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 candidate information below.)

Name of Candidate Oldfield, Christopher, A, Mr,

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

CO

District

01

(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  (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

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 segregated fund or party committee. (i.e., nonconnected committee)

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 PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

(i)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.  \_\_\_\_\_

2.  \_\_\_\_\_

C \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

**Oldfield New Mission****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Oldfield, Christopher, A, Mr,

Mailing Address

1699 N Downing Street

Denver

CO

80218

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

813 - 804 - 0924

**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

Oldfield, Christopher, A, Mr,

Mailing Address

1699 N Downing Street

Denver

CO

80218

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

813 - 804 - 0924

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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.

Chain Bridge Bank, N.A

Mailing Address

1445-A Laughlin Ave

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 A=G7 9 @ B9 CI G H9 LH F9 @ H9 8 HC 5 F9 DCF H G7 <981 @ CF +9 A=N5 HCB

**Form/Schedule:** F1N

**Transaction ID :**

committee is acting as a Joint Fundraising Representative i

**Form/Schedule:** F1N

**Transaction ID:**

It's unclear if they needed to be added as an agent or if the statements below are just obligatory to the business entity type. Certification of Beneficial Owners of Legal Entities. The information contained in this Certification is sought pursuant to Section 1010.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1010.230).

Financial Institution Name: CHAIN BRIDGE BANK, N.A. Financial Institution Location: 1445-A LAUGHLIN AVE MCLEAN, VA 22101 Financial Institution Contact Person: Contact Phone Number: Customer Portfolio/Identifier: Kutoof Alwazir