

**FEC  
FORM 1****STATEMENT 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)

1699 N Downing Street

☐(Check if address  
is changed)

Denver

CITY ▲

CO

STATE ▲

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 / 2025

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

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-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @`CF`+H9A-N5HCB  
.

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