# Statement of Organization
# CANDIDATE COMMITTEE

*Please read instructions before completing this form.

## Type of Statement

☐ NEW

This committee is registering with the Virginia State Board of Elections for the first time.

☒ AMENDED

This committee is filing an amended Statement of Organization.

| Date Changes Took Effect | SBE-issued Committee ID |
|---|---|
| 04/07/2025 | CC-25-00335 |

## Committee Information

**Committee Information**

Xanthe for Delegate
Name of Candidate Campaign Committee

PO Box 26141
Street Address/PO Box | Suite #

Alexandria | VA | 22313
City | State | Zip Code

info@xanthefordelegate.com
Email Address | Daytime Phone #

https://www.xanthefordelegate.com
Campaign Website

## Candidate Information

**Candidate Information**

Larsen | Xanthe | M.
Salutation Last Name | First Name | Middle Name | Suffix

15053 Sawgrass Pl
Residence Address | Apt #

Haymarket | VA | 20164
City | State | Zip Code

Prince William County | 919273374
County or City of Residence | Voter Identification #

xlarsen@comcast.net | (202) 285-3543
Email Address | Daytime Phone #

☒ By checking this box, I certify that I am currently registered to vote at the address above.

## Election Information

**Election Information**

Member, House Of Delegates | House Of Delegates - 21st District
Office Sought | District (if one)

Republican | 2025 | ☒ November ☐ May ☐ Special
Political Party | Year of Election | Type of Election

# Statement of Organization
# CANDIDATE COMMITTEE

## Treasurer Information

**Treasurer Information**

| Salutation | Last Name | First Name | Middle Name | Suffix |
|---|---|---|---|---|
| | Marston | Christopher | M | |

110 Shooters Ct
Residence Address

Apt #

| City | State | Zip Code |
|---|---|---|
| Alexandria | VA | 22314 |

Alexandria City
City

917572194
State

Zip Code

County or City of Residence

Voter Identification #

larsen@cc.electioncfo.com
Email Address

(703) 558-9063
Daytime Phone #

☒ By checking this box, I certify that I am currently registered to vote at the address above.

## Campaign Depository

| Name of Primary Financial Institution | | Name of Other Financial Institution (if applicable) | |
|---|---|---|---|
| Capital Bank NA | | | |
| **City** | **State** | **City** | **State** |
| McLean | VA | | |

## Committee Activity

**Dates of Activity**

Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")

Date first contribution accepted: _____

Date first expenditure made: _____

Date campaign depository designated: _____

Date filing fee paid for party nomination: 03/31/2025

Date Statement of Qualification filed: 03/31/2025

Date treasurer appointed: 04/03/2025

**(continued on next page)**

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# CANDIDATE COMMITTEE

| Filing Method | |
|---|---|
| **Filing Method** | Please indicate the method by which this committee will submit all required campaign finance reports:<br><br>☒ File electronically using **SBE's Electronic Filing Application**.<br><br>☐ File electronically using an **SBE Approved Vendor**<br>(Please indicate Name of Vendor:) _____<br><br>☐ File paper reports.<br><br>_____ _____<br>**Signature** **Date** |
| **Signatures** | |
| **Candidate's Signature** | I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the *Code of Virginia*). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the *Code of Virginia*. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.<br><br>_____ _____<br>**Candidate's Signature** **Date** |
| **Treasurer's Signature** | **I accept the appointment of Treasurer of this campaign committee.** I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the *Code of Virginia*). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the *Code of Virginia* for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.<br><br>_____ _____<br>**Treasurer's Signature** **Date** |

# Instructions for Completing This Form

## General Guidelines

- ⇨ Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy of this form to the General Registrar or local electoral board's office.
- ⇨ Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the General Registrar or local electoral board's office and a copy to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219.
- ⇨ For General Assembly Candidates, an original of this form must be submitted to the State Board of Elections at 1100 Bank Street, Richmond, VA 23219 and a copy must be submitted with the local electoral board of the county or city in which the candidate is a resident.
- ⇨ All requested information on the form is **required** unless otherwise noted below.
- ⇨ An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to **$500** to be assessed according to the procedure described in §24.2-929 of the Code of Virginia.

## Type of Statement

- ⇨ Check the box that best fits the type of Statement your committee is submitting.

## Campaign Committee's Mailing Address

- ⇨ Enter the name of the Campaign Committee (e.g. Friends of Candidate Smith).
- ⇨ Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- ⇨ Enter the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
- ⇨ Enter the Campaign Committee's email address
- ⇨ Enter the campaign's primary daytime phone number.
- ⇨ Enter the Campaign Website (if none, enter N/A)

## Candidate Information

- ⇨ Enter the full name of the candidate.
- ⇨ Enter the county or city of the candidate's residence.
- ⇨ Enter the candidate's Voter Identification #.
    - o This can be found on the candidate's voter card or by calling SBE.
- ⇨ Enter the email address of the Candidate (if one).
- ⇨ Enter the Candidate's daytime phone number.

## Election Information

- ⇨ Enter the office sought by the candidate and the district (if one).
- ⇨ Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- ⇨ Enter the year of the office's General Election.
    - o If seeking election to a Special Election, check the next box. Please note that you should not check this box prior to the official calling of the Special Election.

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# Instructions for Completing This Form

## Treasurer Information

***The Treasurer must be a registered voter in Virginia.

- ⇨ Enter the name of the Treasurer for the campaign committee.
- ⇨ Enter the residence address for the Treasurer.
- ⇨ Enter the candidate's Voter Identification #.
  - This can be found on the treasurer's voter card or by calling SBE.
- ⇨ Enter the email address of the Treasurer.
- ⇨ Enter the Treasurer's daytime phone number.

## Campaign Depository

- ⇨ Enter the names and addresses of the committee's financial institutions.
  *The committee's depository must be in a financial institution within the Commonwealth.

## Filing Method

- ⇨ Enter whether the candidate campaign committee intends to file all of their campaign finance disclosure reports electronically.

  - **Electronic Filing Option**
    - If you choose to file electronically, log into the following Web site address: **https://cf.elections.virginia.**
  - **Approved Vendor Option**
    - If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for the transmission of electronic reports. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: http://www.sbe.virginia.gov/

## Signatures

- ⇨ The **candidate** must read the agreement and sign the form accepting the conditions of the agreement.
- ⇨ The **treasurer** must read the agreement and sign the form accepting the conditions of the agreement.