

Commonwealth of Virginia  
**CERTIFICATE OF CANDIDATE QUALIFICATION  
 GENERAL ASSEMBLY**

**NOTICE:** YOU MUST FILE THIS FORM WITH THE DEPARTMENT OF ELECTIONS BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.

Pursuant to § 24.2-501 of the Code of Virginia, I hereby certify that:

1. I am a citizen of the United States.  YES     NO
2. I am at least twenty-one years of age or will be on or before the date of the general or special election for the office I am seeking.  YES     NO
3. I have been a resident of the Commonwealth of Virginia for the year immediately preceding the election for the office I am seeking.  YES     NO
4. I now reside at the address shown below in the district in which I seek office  
 [residence address must be given; post office box or general delivery is not acceptable]:  
7306 Boulder Lake Drive, Apt Unit 2305  
STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER  
 City/Town North Chesterfield ZIP 23225  
 [If town, also list County of residence: \_\_\_\_\_]
5. I am registered to vote at the above address in the precinct in which I reside.  YES     NO  
 [or if not and registration books are closed, my application for registration, transfer, or change of address is on file in the general registrar's office for processing when books re-open]
6. Have you ever been convicted of a felony?  YES     NO
7. Have you ever been adjudicated mentally incompetent and lost your right to vote?  YES     NO
8. If you answered YES to 6, give date of certificate restoring voting rights. \_\_\_\_\_  
 If YES to 7, give date of court order restoring competency. \_\_\_\_\_ DATE OF RESTORATION

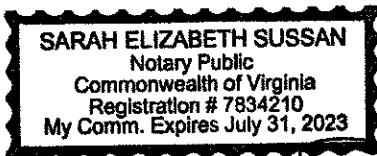
<b>PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:</b>		OFFICE SOUGHT	Virginia State Senate
YOUR NAME AS IT IS TO APPEAR ON BALLOT <small>[SEE REVERSE SIDE FOR REQUIREMENTS]</small>	Ghazala F. Hashmi	DISTRICT NUMBER	15
MAILING OR CAMPAIGN ADDRESS	Friends of Ghazala Hashmi PO Box 72923 Richmond, VA 23235	YOUR SOCIAL SECURITY NUMBER <small>[SEE STATEMENT ON REVERSE SIDE]</small>	██████████
		ELECTION DATE (MM/DD/YYYY)	06/20/2023
E-MAIL ADDRESS	ghazala@ghazalahashmi.com	CHECK ONE	<input type="checkbox"/> Republican Primary <input type="checkbox"/> Special Election <input checked="" type="checkbox"/> Democratic Primary <input type="checkbox"/> General Election
WEB ADDRESS	https://www.ghazalahashmi.com/	(AREA CODE) HOME TELEPHONE	██████████
		(AREA CODE) BUSINESS TELEPHONE	804.475.9429

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.

Ghazala Hashmi 3/14/23  
SIGNATURE OF CANDIDATE DATE

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

State of Virginia County/City of Chesterfield



The foregoing instrument was subscribed and sworn before me this 14th day of March, 2023, by Ghazala F. Hashmi  
PRINT NAME OF CANDIDATE

Sarah E. Sussan \_\_\_\_\_  
SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT NOTARY REGISTRATION NUMBER    DATE NOTARY COMMISSION EXPIRES

**KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW. THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.**

Form Accepted AM 03/28

## Virginia Conflict of Interest and Ethics Advisory Council GENERAL ASSEMBLY STATEMENT OF ECONOMIC INTERESTS

**NAME:** Ghazala Hashmi

<b>OFFICE OR POSITION HELD OR SOUGHT:</b> SENATE	<b>DISTRICT NO.</b> 10	<b>ARE YOU FILING THIS FORM AS A CANDIDATE FOR ELECTION TO THIS OFFICE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>BUSINESS ADDRESS:</b>	<b>STREET</b> 900 East Main Street			<b>TELEPHONE:</b>	
	<b>CITY</b> Richmond	<b>STATE</b> VA	<b>ZIP</b> 23219	<b>OFFICE</b> 804-698-7510	<b>HOME</b> [REDACTED]

**EMAIL ADDRESS:** ghashmi@senate.virginia.gov

**FIRST AND LAST NAMES OF MEMBERS OF IMMEDIATE FAMILY:** Azhar Rafiq

I certify that I completed ethics training as required by  $\hat{A}$ § 30-129.1.       Yes       No

Pursuant to  $\hat{A}$ § 30-129.1, although there is no penalty for your failure to attend the full or refresher orientation session, attendance is mandatory under the Code and you must disclose your attendance on this form.

**This Statement of Economic Interests will be available to the public via the searchable database on the Virginia Conflict of Interest and Ethics Advisory Council website, as required by  $\hat{A}$ § 30-356.**

**REPORT TO THE BEST OF INFORMATION AND BELIEF** Information required on this Statement must be provided on the basis of the best knowledge, information, and belief of the individual filing the Statement as of the date of this report.

### AFFIRMATION

In accordance with the rules of the house in which I [shall] serve, if I receive a request that this disclosure statement be corrected, augmented, or revised in any respect, I hereby pledge that I shall respond promptly to the request. I understand that if a determination is made that the statement is insufficient, I will satisfy such request or be subjected to disciplinary action of my house.

I swear or affirm that the information provided on this statement is full, true, and correct to the best of my knowledge.

Ghazala Hashmi (Electronically Signed: 2/17/2023 2:22:26 PM)

2/17/2023 2:22:26 PM

Signature of Member/Member-elect/Candidate

Date

Any legislator who knowingly and intentionally makes a false statement of a material fact on the Statement of Economic Interests is guilty of a Class 5 felony and shall be subject to disciplinary action for such violations by the house in which the legislator sits.

**General Assembly Statement of Economic Interests  
SCHEDULE A**

**OFFICES, DIRECTORSHIPS, AND EMPLOYMENT**

**NAME:** Ghazala Hashmi

**QUESTIONS:**

1. Do you or a member of your immediate family receive remuneration, benefits, or compensation for service as an officer or director of a business?

Yes  No

**If yes, complete the table for each such business.**

2. Do you or a member of your immediate family receive salary or wages in excess of \$5,000 annually from any employer? DO NOT INCLUDE salary received as a member of the General Assembly pursuant to Â§ 30-19.11.

Yes  No

**If yes, complete the table for each such employer.**

**INSTRUCTIONS:**

Disclose each:

- Business of which you or a member of your immediate family is an officer or director and receives remuneration, benefits, or compensation for service as an officer or director
- Employer paying you or a member of your immediate family salary or wages in excess of \$5,000 annually

NAME OF BUSINESS OR EMPLOYER	LOCATION OF BUSINESS OR EMPLOYER (CITY OR COUNTY, AND STATE)	POSITION HELD	BY WHOM	OFFICE OR DIRECTORSHIP OR EMPLOYMENT
VCU Health Systems	Richmond, VA	Associate Professor	Azhar Rafiq	EMPLOYMENT

**General Assembly Statement of Economic Interests**

**SCHEDULE B**

**PERSONAL DEBTS**

**NAME:** Ghazala Hashmi

**QUESTIONS:**

1. Do you owe more than \$5,000 to any one creditor, including any contingent debt to any one creditor?

DO NOT INCLUDE any debt owed to any government or any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan.

Yes  No

**If yes, complete Table(s) 1A, 1B and/or 1C.**

2. Does a member of your immediate family owe more than \$5,000 to any one creditor, including any contingent debt to any one creditor?

DO NOT INCLUDE any debt owed to any government or any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan.

Yes  No 

If yes, complete Table(s) 2A, 2B and/or 2C.

**TABLES 1A, 1B, and 1C****INSTRUCTIONS:**

Disclose personal debts, including contingent debts, owed by you to each category of creditor by selecting the appropriate category listed in TABLE 1A. To calculate the amount of personal debt to disclose for each category of creditor, include all debts owed to creditors within each category, but **DO NOT INCLUDE** any debt owed to any one creditor in an amount of \$5,000 or less.

If you owe a personal debt to a business creditor that is not included in any category of creditor listed in TABLE 1A, disclose such debt in TABLE 1B. List the name of the business creditor and its principal business activity.

If you owe a personal debt to an individual creditor, disclose such debt in TABLE 1C. Identify the name of the individual creditor and his principal business or occupation.

If you owe a personal debt jointly with another person who is not a member of your immediate family, disclose only your share of the debt.

If you owe a personal debt jointly with a member of your immediate family, disclose any such debt in TABLE 1A, 1B, or 1C, as appropriate, as if you are solely liable for the total amount of the debt, and **DO NOT DISCLOSE** such debt in TABLE 2A, 2B, or 2C.

**DO NOT REPORT:**

- Any debt owed to any one creditor in an amount of \$5,000 or less
- Any debt owed to any government
- Any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan

My personal debts are as follows:

**Table 1A. Creditor Categories:**

<b>SELECT APPROPRIATE CATEGORIES</b>	<b>AMOUNT OF PERSONAL DEBT</b>
Banks, credit unions, and other savings institutions	MORE THAN \$50,000
Other loan or finance companies	\$5,001 to \$50,000
Issuers of credit cards	Not Applicable
Insurance companies	Not Applicable
Stock, commodity, or other brokerage companies	Not Applicable
Private educational institutes	Not Applicable

**Table 1B. Other Business Creditors:**

<b>NAME OF CREDITOR</b>	<b>CREDITOR'S PRINCIPAL BUSINESS ACTIVITY</b>	<b>AMOUNT OF PERSONAL DEBT</b>
		Not Applicable
		Not Applicable
		Not Applicable
		Not Applicable
		Not Applicable

**Table 1C. Individual Creditors:**

NAME OF CREDITOR	CREDITOR'S PRINCIPAL BUSINESS OR OCCUPATION	AMOUNT OF PERSONAL DEBT
		Not Applicable
		Not Applicable
		Not Applicable
		Not Applicable
		Not Applicable

**TABLES 2A, 2B, and 2C****INSTRUCTIONS:**

Disclose personal debts, including contingent debts, owed by a member of your immediate family to each category of creditor by selecting the appropriate category listed in TABLE 2A. To calculate the amount of personal debt to disclose for each category of creditor, include all debts owed to creditors within each category, but **DO NOT INCLUDE** any debt owed to any one creditor in an amount of \$5,000 or less.

If a member of your immediate family owes a personal debt to a business creditor that is not included in any category of creditor listed in TABLE 2A, disclose such debt in TABLE 2B. List the name of the business creditor and its principal business activity.

If a member of your immediate family owes a personal debt to an individual creditor, disclose such debt in TABLE 2C. Identify the name of the individual creditor and his principal business or occupation.

If a member of your immediate family owes a personal debt jointly with another person not yourself who is not a member of your immediate family, disclose only his share of the debt.

If you owe a personal debt jointly with a member of your immediate family, report any such debt in TABLE 1A, 1B, or 1C, as appropriate, as if you are solely liable for the total amount of the debt, and **DO NOT DISCLOSE** such debt in TABLE 2A, 2B, or 2C.

**DO NOT REPORT:**

- Any debt owed to any one creditor in an amount of \$5,000 or less
- Any debt owed to any government
- Any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan

The personal debts of members of my immediate family are as follows:

**Table 2A. Creditor Categories:**

SELECT APPROPRIATE CATEGORIES	AMOUNT OF PERSONAL DEBT
Banks, credit unions, and other savings institutions	Not Applicable
Other loan or finance companies	Not Applicable
Issuers of credit cards	Not Applicable
Insurance companies	Not Applicable
Stock, commodity, or other brokerage companies	Not Applicable
Private educational institutes	Not Applicable

**Table 2B. Other Business Creditors:**

NAME OF CREDITOR	CREDITOR'S PRINCIPAL BUSINESS ACTIVITY	AMOUNT OF PERSONAL DEBT
		Not Applicable
		Not Applicable
		Not Applicable
		Not Applicable
		Not Applicable

**Table 2C. Individual Creditors:**

NAME OF CREDITOR	CREDITOR'S PRINCIPAL BUSINESS OR OCCUPATION	AMOUNT OF PERSONAL DEBT
		Not Applicable
		Not Applicable
		Not Applicable
		Not Applicable
		Not Applicable

**General Assembly Statement of Economic Interests**

**SCHEDULE C**

**SECURITIES**

**NAME:** Ghazala Hashmi

**QUESTION:**

Do you or a member of your immediate family, separately or together, own securities valued in excess of \$5,000 invested in one business or Virginia governmental entity?

INCLUDE securities held in (i) trusts; (ii) individual retirement arrangements (IRAs); (iii) defined contribution plans, including plans established in accordance with sections 401, 403, or 457 of the Internal Revenue Code; and (iv) any other type of investment account.

INCLUDE securities not held in your name or the name of a member of your immediate family if you or a member of your immediate family retains the right to control such securities or the right to receive the income from such securities.

Yes  No

**If yes, complete the table for each such security.**

**INSTRUCTIONS:**

Disclose each business or Virginia governmental entity in which you or a member of your immediate family, separately or together, own securities valued in excess of \$5,000.

INCLUDE securities held in (i) trusts; (ii) individual retirement arrangements (IRAs); (iii) defined contribution plans, including plans established in accordance with sections 401, 403, or 457 of the Internal Revenue Code; and (iv) any other type of investment account.

INCLUDE securities not held in your name or the name of a member of your immediate family if you or a member of your immediate family retains the right to control such securities or the right to receive the income from such securities.

**“Securities” INCLUDES:**

- Stocks
- Bonds
- Mutual funds
- Limited partnerships
- Commodity futures contracts

**“Securities” EXCLUDES:**

- Defined benefit plans, including pension plans
- Certificates of deposit
- Money market funds
- Annuity contracts
- Insurance policies
- Securities issued by the U.S. government or other government securities not issued by the Commonwealth or political subdivisions.

List the issuer and type of each security. List separately each security held in an IRA, defined contribution plan, or other type of investment account, if such security is valued in excess of \$5,000.

For defined contribution plans administered by the Commonwealth or its political subdivisions, list the administering agency as the issuer of the security, unless the security is held in a self-directed brokerage account, in which case list the issuer of the security.

NAME OF ISSUER OF SECURITY	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, IRA, ETC.)	VALUE OF SECURITY
VCU/TIAA	Mutual Fund	MORE THAN \$250,000
VRS	Stocks Fund	MORE THAN \$250,000

**SCHEDULE D**

1. Do you or a member of your immediate family own, separately or together, a business that has a value in excess of \$5,000?

Or

Do you or a member of your immediate family, separately or together, have an interest in a business and the interest owned by you or a member of your immediate family has a value in excess of \$5,000?

Yes  No

2. Do you or a member of your immediate family own, separately or together, a rental property that has a value in excess of \$5,000?

OR

Do you or a member of your immediate family, separately or together, have an interest in a rental property and the interest owned by you or a member of your immediate family has a value in excess of \$5,000?

Yes  No

# SCHEDULE E

Do you or a member of your immediate family, separately or together, hold an interest valued at more than \$5,000 in real property? DO NOT INCLUDE your principal residence or any real estate disclosed on Schedule D. INCLUDE real estate held in trust.

Yes  No

## General Assembly Statement of Economic Interests

# SCHEDULE F

## PAYMENTS FOR TALKS, MEETINGS, AND CONFERENCES

**NAME:** Ghazala Hashmi

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### QUESTION:

Did you receive in your capacity as a legislator any lodging, transportation, money, or other thing of value with a combined value exceeding \$100 during the prior calendar year for:

- your presentation of a talk or series of talks at the same event, or participation in a meeting  
OR
- your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to educate you on issues relevant to your duties as a legislator, including issues faced by your constituents, or to enhance your knowledge and skills relative to your duties as a legislator?

### DO NOT INCLUDE:

- Payments and reimbursements from the Commonwealth or its political subdivisions for meetings attended in your capacity as a legislator
- Payments and reimbursements from an employer already listed on Schedule A or from a source of income listed on Schedule D
- Payments and reimbursements if you returned the payment or reimbursement within 60 days

INCLUDE a payment if you donated it to a charity and claimed or plan to claim it as a charitable deduction on your taxes.

Disclose any lodging, transportation, money, or other thing of value received that does not satisfy the criteria listed above as a gift on Schedule G.

Yes  No

**If yes, complete the table below.**

### INSTRUCTIONS:

Disclose each source from which you received in your capacity as a legislator lodging, transportation, money, or any other thing of value with a combined value exceeding \$100 for:

- your presentation of a talk or series of talks at the same event, or participation in a meeting  
OR
- your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to educate you on issues relevant to your duties as a legislator, including issues faced by your constituents, or to enhance your knowledge and skills relative to your duties as a legislator.



SOURCE OF PAYMENT	DESCRIPTION OF EVENT	LOCATION OF EVENT (CITY OR COUNTY, STATE, AND COUNTRY)	DATE(S) OF EVENT	TOTAL VALUE	CHECK IF YOU RECEIVED A TRAVEL WAIVER FROM THE COUNCIL FOR THIS EVENT
The Hunt Institute	Early Childhood Policy Academy	Boston, MA	11/3/22 - 11/5/22	710.20	N/A
The Hunt Institute	Early Childhood Leadership Summit	Phoenix, AZ	8/24/22 - 8/26/22	1363.20	N/A
Democratic Legislative Campaign Committee	DLCC 2022 Spring Policy Conference	Annapolis, MD	5/10/22 - 5/11/22	\$395	N/A

## SCHEDULE G

Did you or a member of your immediate family receive from any lobbyist or lobbyist's principal any gift or combination of gifts with a value exceeding \$50 during the prior calendar year?

Yes  No

## SCHEDULE H

1. Did you represent any business before any state governmental agency during the prior calendar year for which you received compensation in excess of \$5,000 for such representation?

Yes  No

2. Did persons with whom you have a close financial association represent any business before any state governmental agency during the prior calendar year for which compensation was received in excess of \$5,000 for such representation?

Yes  No

3. Did you or persons with whom you have a close financial association furnish services to any business operating in Virginia during the prior calendar year for which compensation was received in excess of \$5,000 for such services?

Yes  No

## SCHEDULE I

Do you or a member of your immediate family, separately or together, hold an interest valued in excess of \$5,000 in real estate that is the subject of a contract with a governmental agency?

Yes  No

## SCHEDULE J

1. Have you or a member of your immediate family registered as a lobbyist with the Secretary of the Commonwealth during the prior calendar year?

Yes  No

2. Did you or a member of your immediate family registered as a lobbyist relationship during the prior calendar year?

Yes  No