



**Mr. Angel Reyes, Chair**

President, Centinel Bank in Taos  
512 Paseo del Pueblo Sur  
Taos, NM 87571  
[areyes@centinelbank.com](mailto:areyes@centinelbank.com)  
575-758-6770 fax: 575-758-6712  
Term: 2/14/22 – 1/1/25

**Mr. Derek C. Valdo, Vice Chair**

CEO of AMERIND Risk Management  
1804 Westdale Way NW  
Albuquerque NM 87114  
(505).404.5007  
[dvaldo@amerindrisk.org](mailto:dvaldo@amerindrisk.org)  
Term: 7/26/19 – 1/1/27

**The Honorable Howie Morales**

Lieutenant Governor State Capitol Building  
Room 417  
Santa Fe, NM 87501  
[Howie.Morales@state.nm.us](mailto:Howie.Morales@state.nm.us)  
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Term: Ex-officio  
(Elected 2018/Re-elected 2022)

**Martina C'deBaca**

Director of Operations  
[Martina.CDeBaca2@state.nm.us](mailto:Martina.CDeBaca2@state.nm.us)  
(505) 476-2230 (direct line)

**The Honorable Raúl Torrez**

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[rcrollett@nmag.gov](mailto:rcrollett@nmag.gov) Ronda Crollett  
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Term: Ex-officio (Elected 2022)

**Gideon Elliot**

Utilities Bureau Chief  
Assistant Attorney General  
[gelliot@nmag.gov](mailto:gelliot@nmag.gov)  
(DL) (505) 490-4865

**The Honorable Laura M. Montoya**

State Treasurer  
2055 South Pacheco Street Suite 100 & 200  
Santa Fe, NM 87505  
[laura.montoya@state.nm.us](mailto:laura.montoya@state.nm.us)  
(505) 955-1120, fax: (505) 955-1195  
Term: Ex-officio (Elected 2022)

**Malaquias JR Rael**

Deputy State Treasurer  
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(DL) 505-955-1123

**John Kreienkamp**

General Counsel  
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(DL) 505-205-3567

**Ms. Rebecca Wurzbarger**

1614 Camino De Cruz Blanca  
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[rebeccawurzbarger@gmail.com](mailto:rebeccawurzbarger@gmail.com)  
(505) 982-6351  
Term: 3/18/23-1/1/26

**Patricia A Sullivan Ph.D.**

New Mexico State University –  
College of Engineering  
Engineering Complex 1  
1025 Stewart Street  
Las Cruces, NM 88003  
[patsulli@nmsu.edu](mailto:patsulli@nmsu.edu)  
Cell: (575) 644-6246  
(575) 646-2913  
Term: 10/28/21 – 1/1/24

## ANNUAL DISCLOSURE STATEMENT

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)  
HOUSING DEVELOPMENT**

From: Derek Valdo  
(Member, Proxy, Management, Employee)

Date: 01/24/2024

Re: CY 2024 542 (C) Risk Sharing

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Housing Tax Credit Transaction with MFA. If the answer is "none," please write "none."

**Name of Business:** **AMERIND Risk Management Corporation**

AMERIND Risk insures certain single and multi-family properties for which MFA may hold or service the loan, and MFA may facilitate the payment of premium by the borrower, or stand as loss payee or have similar rights or claims under those policies. The placement of these policies is a transaction between the buyer/borrower and AMERIND Risk, and MFA is not involved in any way with the selection of insurance by the buyer/borrower. There is presently no conflict of interest related to these policies. Disclosure is made only to identify the nature of the relationship between AMERIND Risk and MFA pursuant to those insurance contracts, and to identify the potential for future claims involving MFA and AMERIND. If any conflict should arise under these policies, I would again disclose and recuse myself from any related Board action.

If Employee Transaction, approximate value of the Transaction:

The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin or anyone residing in household,) am likely to participate in and/or benefit from; or a company, agency or organization with which I or a Family Member, am involved is likely to participate in and/or benefit from. If the answer is "none," please write "none."

None

The undersigned Member, Management or Employee acknowledges that **it is his/her responsibility to update this Disclosure Form within forty-five (45) days** of the date that he/she acquires an interest in a MFA program or transaction as described above or learns of a Family Member having or acquiring an interest in a MFA program or transaction, as described above.



Signed: \_\_\_\_\_

NOTE: Use additional sheets as necessary.

## ANNUAL DISCLOSURE STATEMENT

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**HOUSING DEVELOPMENT**

From: Derek Valdo  
(Member, Proxy, Management, Employee)

Date: 01/24/2024

Re: CY 2024 Housing Tax Credit Program

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

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**Name of Business:** **AMERIND Risk Management Corporation**

AMERIND Risk insures certain single and multi-family properties for which MFA may hold or service the loan, and MFA may facilitate the payment of premium by the borrower, or stand as loss payee or have similar rights or claims under those policies. The placement of these policies is a transaction between the buyer/borrower and AMERIND Risk, and MFA is not involved in any way with the selection of insurance by the buyer/borrower. There is presently no conflict of interest related to these policies. Disclosure is made only to identify the nature of the relationship between AMERIND Risk and MFA pursuant to those insurance contracts, and to identify the potential for future claims involving MFA and AMERIND. If any conflict should arise under these policies, I would again disclose and recuse myself from any related Board action.

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin or anyone residing in household,) am likely to participate in and/or benefit from; or a company, agency or organization with which I or a Family Member, am involved is likely to participate in and/or benefit from. If the answer is "none," please write "none."

None

The undersigned Member, Management or Employee acknowledges that **it is his/her responsibility to update this Disclosure Form within forty-five (45) days** of the date that he/she acquires an interest in a MFA program or transaction as described above or learns of a Family Member having or acquiring an interest in a MFA program or transaction, as described above.



Signed: \_\_\_\_\_

NOTE: Use additional sheets as necessary.

ANNUAL DISCLOSURE STATEMENT

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)  
CHAIR AND EXECUTIVE DIRECTOR

From: Gideon Elliot  
(Member, Proxy, Management, Employee)

Date: Jan. 31, 2024

Re: CY 2024 Housing Tax Credit Program

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: None  
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If Employee Transaction, approximate value of the Transaction \_\_\_\_\_  
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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none": None  
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Signed: Gideon Elliot



NOTE: Use additional sheets as necessary.

**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Gideon Elliot  
(Member, Proxy, Management, Employee)

Date: 1/31/2024

Re: CY 2024 542 (C) Risk Sharing

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "**none**", please write "**none**".

Name of Business: None  
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If Employee Transaction, approximate value of the Transaction None  
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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "**none**", please write "**none**": None  
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Signed: Gideon Elliot

NOTE: Use additional sheets as necessary.

DISCLOSURE STATEMENT-2024

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR  
AND EXECUTIVE DIRECTOR

From: Proxy, John Kreienkamp  
(Member, Proxy, Management, Employee)

Date: 1/10/2024

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with MFA. If the answer is "none", please write "none".

Name of Business: None.

If Employee Transaction, approximate value of the Transaction, if applicable: None.

The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none": None.

Signed: John Kreienkamp

NOTE: Use additional sheets as necessary.

**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Proxy, John Kreienkamp  
(Member, Proxy, Management, Employee)

Date: 1/10/2024

Re: CY 2024 Housing Tax Credit Program

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: None.

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If Employee Transaction, approximate value of the Transaction None.

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none": None.

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Signed: John Kreienkamp



**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Proxy, John Kreienkamp  
(Member, Proxy, Management, Employee)

Date: 1/10/2024

Re: CY 2024 542 (C) Risk Sharing

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: None.

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If Employee Transaction, approximate value of the Transaction None.

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none": None.

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Signed: John Kreienkamp

DISCLOSURE STATEMENT-2024

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR  
AND EXECUTIVE DIRECTOR**

From: Howie C. Morales  
(Member, Proxy, Management, Employee)

Date: 2/15/24

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with MFA. If the answer is "none", please write "none".

Name of Business:

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If Employee Transaction, approximate value of the Transaction, if applicable:

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":

none  
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Signed: Howie C. Morales

NOTE: Use additional sheets as necessary.

**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Howie C. Morales  
(Member, Proxy, Management, Employee)

Date: 2/15/24

Re: CY 2024 Housing Tax Credit Program

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: none  
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If Employee Transaction, approximate value of the Transaction \_\_\_\_\_  
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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none": \_\_\_\_\_

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Signed: Howie C. Morales

**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Howie C. Morales  
(Member, Proxy, Management, Employee)

Date: 2/5/24

Re: CY 2024 542 (C) Risk Sharing

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: none

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If Employee Transaction, approximate value of the Transaction \_\_\_\_\_

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none": \_\_\_\_\_

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Signed: Howie C. Morales

DISCLOSURE STATEMENT-2024

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR  
AND EXECUTIVE DIRECTOR

From: Martina Cidebala  
(Member, Proxy, Management, Employee)

Date: 2/15/24

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with MFA. If the answer is "none", please write "none".

Name of Business:  
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If Employee Transaction, approximate value of the Transaction, if applicable:  
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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":

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Signed Martina Cidebala

NOTE: Use additional sheets as necessary.



**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Martina CdeBaca  
(Member, Proxy, Management, Employee)

Date: 2/15/24

Re: CY 2024 Housing Tax Credit Program

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: none

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If Employee Transaction, approximate value of the Transaction \_\_\_\_\_

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none": \_\_\_\_\_

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Signed: Martina CdeBaca

**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Martina Cordero  
(Member, Proxy, Management, Employee)

Date: 2/15/24

Re: CY 2024 542 (C) Risk Sharing

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: none  
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If Employee Transaction, approximate value of the Transaction \_\_\_\_\_  
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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none": \_\_\_\_\_

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Signed: Martina Cordero

DISCLOSURE STATEMENT-2024

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR  
AND EXECUTIVE DIRECTOR

From: Manlio Belkian Wuyfeng  
(Member, Proxy, Management, Employee)

Date: January 11, 2024

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with MFA. If the answer is "none", please write "none".

Name of Business:

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If Employee Transaction, approximate value of the Transaction, if applicable:

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none".

State Tax Credit Program / Affordable Housing  
Charitable Trust / donation to Santa Fe  
Habitat for Humanity  
\_\_\_\_\_  
\_\_\_\_\_

Signed: Manlio Wuyfeng

NOTE: Use additional sheets as necessary.

**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Ad. Member Rebecca Wurzburg  
(Member, Proxy, Management, Employee)

Date: January 11, 2024

Re: **CY 2024 Housing Tax Credit Program**

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: \_\_\_\_\_  
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If Employee Transaction, approximate value of the Transaction \_\_\_\_\_  
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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none": \_\_\_\_\_

State Tax Credit Program / Affordable Hsg.  
Charitable Trust / donation to Santa Fe  
Habitat for Humanity

Signed: Rebecca Wurzburg



**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Bd Member Rehue Wuyfong  
(Member, Proxy, Management, Employee)

Date: January 11, 2024

Re: CY 2024 542 (C) Risk Sharing

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: \_\_\_\_\_  
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If Employee Transaction, approximate value of the Transaction \_\_\_\_\_  
NA  
\_\_\_\_\_  
\_\_\_\_\_  
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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":

State Tax Credit Program / Affordable Housing  
Charitable Trust / Donation to Santa Fe High School  
\_\_\_\_\_  
\_\_\_\_\_

Signed: Rhue Wuyfong



**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Angel Reyes  
(Member, Proxy, Management, Employee)

Date: January 28, 2024

Re: **CY 2024 542 (C) Risk Sharing**

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "**none**", please write "**none**".

**Name of Business:** \_\_\_\_\_

\_\_\_\_\_

None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If Employee Transaction, approximate value of the Transaction** \_\_\_\_\_

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "**none**", please write "**none**": \_\_\_\_\_

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Signed: **Angel Reyes** \_\_\_\_\_  
Digitally signed by Angel  
Reyes  
Date: 2024.01.28 18:15:25  
-07'00'

NOTE: Use additional sheets as necessary.

**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Angel Reyes  
(Member, Proxy, Management, Employee)

Date: January 28, 2024

Re: **CY 2024 Housing Tax Credit Program**

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "**none**", please write "**none**".

**Name of Business:** \_\_\_\_\_

None  
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**If Employee Transaction, approximate value of the Transaction** \_\_\_\_\_

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "**none**", please write "**none**": \_\_\_\_\_

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Signed: **Angel Reyes** \_\_\_\_\_  
Digitally signed by Angel Reyes  
Date: 2024.01.28 18:13:59  
-07'00'

NOTE: Use additional sheets as necessary.

## DISCLOSURE STATEMENT-2024

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR  
AND EXECUTIVE DIRECTOR**

From: Angel Reyes  
(Member, Proxy, Management, Employee)

Date: January 28, 2024

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with MFA. If the answer is "**none**", please write "**none**".

Name of Business: Centinel Bank of Taos  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Employee Transaction, approximate value of the Transaction, if applicable:

None  
\_\_\_\_\_  
\_\_\_\_\_

The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "**none**", please write "**none**":

NMMFA Approved partner (Centinel Bank of Taos) Partners Program  
Centinel Bank of Taos purchased a loan participation from Main Bank in the principal amount of \$1,500,000, related to Main Bank's loan to MFA for its purchase of 7425 Jefferson St., NE, Albuquerque, NM. (May16, 2023)

Signed: Angel Reyes  
Digitally signed by Angel Reyes  
Date: 2024.01.28 18:23:13 -07'00'

NOTE: Use additional sheets as necessary.



DISCLOSURE STATEMENT-2024

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR  
AND EXECUTIVE DIRECTOR

From: Member, State Treasurer Laura M. Montoya  
(Member, Proxy, Management, Employee)

Date: 1/10/2024

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with MFA. If the answer is "none", please write "none".

Name of Business: None I know of

If Employee Transaction, approximate value of the Transaction, if applicable:

Nil

The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":

I have over 80 cousins. I have no idea about their business. None I'm aware of.

Signed: [Signature]

NOTE: Use additional sheets as necessary.

ANNUAL DISCLOSURE STATEMENT

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)  
CHAIR AND EXECUTIVE DIRECTOR

From: Member, Laura M. Montoya, NM State Treasurer  
(Member, Proxy, Management, Employee)

Date: 1/10/2024

Re: CY 2024 542 (C) Risk Sharing

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

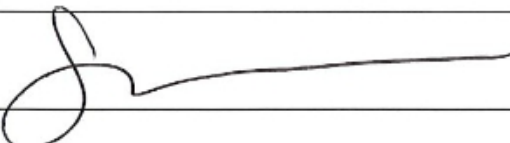
The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: None that I know of

If Employee Transaction, approximate value of the Transaction N/A

The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":

I have over 60 cousins, I have no idea about this business.  
Am Imaune?

Signed: 

**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Lauren M. [Signature]  
(Member, Proxy, Management, Employee)

Date: 1/10/2024

Re: CY 2024 Housing Tax Credit Program

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: None I know of

If Employee Transaction, approximate value of the Transaction nils

The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none": I have over 80 cousins. I have no idea about their business. None that I'm aware of.

Signed: [Signature]

## 1.2 MFA Code of Conduct

### A. Preamble

MFA, an instrumentality of the state government, exists to serve the citizens of the state of New Mexico. In order to maintain the respect, trust and confidence of the public, all Members, Management and Employees must use the powers and resources of their office only to advance the public interest and not to obtain personal benefits or pursue private interest's incompatible with the public interest. Members, Management and Employees shall conduct themselves in a manner that justifies the confidence placed in them by the public, at all times maintaining their integrity and discharging ethically their responsibilities in the course of their association with MFA.

### B. Purpose

The purpose of this Code of Conduct is to provide general guidelines and a minimum standard of conduct for Members, Management and Employees of MFA and to implement the conflict-of-interest provisions of the MFA Act (Section 58-18-25, NMSA 1978) for Members, Management, and Employees, as well as for members of MFA's Funding Committees.

### C. Definitions

For purpose of this Code of Conduct, the following words and phrases shall have the following meanings:

**"Business"** means a corporation, partnership, limited partnership, limited liability company, proprietorship, trust, firm, organization, or any other entity or association of individuals or entities.

**"Chief Officers"** means the Executive Director/CEO, Chief Financial Officer, Chief Lending Officer, Chief Housing Officer. Chief Officers are considered insured executives per MFA's Executive Liability Policy coverage.

**"Confidential Information"** means information a Member, Management or Employee has obtained or may obtain by virtue of his/her status as a Member, Management or Employee, including but not limited to, confidential work product of MFA as well as personally identifiable information (PII) as defined in Section 1.3.J of this manual; any personnel records about any former or current MFA employee; any personal information about any Member, contractor, or sub-grantee, including financial information.

**"Contracted Services/Credit Committee"** means the standing Board Committee responsible for maintaining the effective management and oversight of MFA's contractual, lending, federal/state program sub-recipient selection, and program oversight functions ensuring compliance with applicable laws, risk assessment systems and policies and procedures.

**"Disclosure Statement"** means the disclosure statement required by subsection D of this Code of Conduct.

**"Employee"** means any person employed by MFA and does not include independent contractors of MFA.

**"Employment"** means rendering services for compensation as an employee.

**"Family Member"** means with respect to each Member, Management, Employee, and Funding

Committee member, the Member's, Management's, Employee's, or Funding Committee member's spouse, domestic partner, children, grandchildren, parents, siblings, grandparents, mother-in-law, father-in-law, sister-in-law, brother-in-law, uncle, aunt, first cousin, or anyone residing in a Member's, Management's, Employee's, or Funding Committee member's household.

**"Finance Committee"** means the standing Board committee charged with maintaining the prudent and effective management and oversight of MFA's overall financial position and operations; and financial reporting processes and audits; ensuring compliance with applicable laws, risk assessment systems and policies and procedures.

**"Financial Interest(s)"** means an interest in a Business as an owner, partner, shareholder, investor, trustee, beneficiary, lender, officer, director, member, employee, or consultant.

**"Funding Committee"** means a committee comprised of community members active in the fields of housing, banking, business, or social programs, and created to advise MFA staff on and in certain cases to select for MFA Board approval, recipients of funding awards from the Housing Trust Fund, the Land Title Trust Fund, the Low Income Housing Tax Credit Program, or other funding sources administered by MFA.

**"Member"** means a member, and with respect to an ex-officio Member, his or her proxy, of the Board of Directors of MFA. A Member is considered an insured executive per MFA's Executive Liability Policy coverage.

**"Management"** means the Executive Director/CEO, Chief Financial Officer, Chief Lending Officer, Chief Housing Officer, and Human Resources Director employed by MFA. Management is considered an insured executive per MFA's Executive Liability Policy coverage.

**"Official Act"** means any action taken by a Member, Management, Employee, or Funding Committee member that is within her/his capacity to take by virtue of his/her position and which constitutes a decision, resolution, determination, recommendation, approval, disapproval, or other action that involves the exercise of discretionary authority.

**"Policy Committee"** means the Executive Director/CEO, Chief Financial Officer, Chief Lending Officer, and Chief Housing Officer employed by MFA.

**"Secondary Market Facility"** means a corporation, trust or other form of legal entity established by the authority for the purpose of the purchase, with private or public funds legally available therefor, of mortgage loans, mortgage-backed obligations, pass-through securities or interests therein.

**"Transaction"** means any transaction including, but not limited to, any sale, purchase, or exchange of tangible or intangible property or services, any loan, loan commitment or loan guarantee, any sale, purchase, or exchange of mortgage loans, notes or bonds, or any other business arrangement or contract involving any MFA program or business.

#### **D. Principles and Disclosure Obligations**

1. **Principles.** All MFA Members, Management, Employees and Funding Committee members shall adhere to the following principles:
  - a) Any Financial Interest held by any Member, Management, Employee or Funding Committee member of MFA that they believe or have reason to believe may be affected by their Official Act or actions shall disclose the nature and extent of that Financial Interest no matter the degree of the Financial Interest.

- b) No Member, Management, Employee or Funding Committee member should participate in any Official Act that would in any way benefit him or her or any Family Member of him or her.
  - c) If any Member, Management, Employee or Funding Committee member of MFA is aware of having any form of Financial Interest in any MFA business, and is aware that an Act or action he/she may take in their official capacity might impact that Financial Interest, that person must disclose the Financial Interest to MFA and must not become involved in any Official Act or action affecting that Financial Interest.
2. **Initial and Annual Disclosures.** Within thirty (30) days of assuming duties as a Member or commencing employment with MFA, each new Member, Management and Employee will be required to complete a Disclosure Statement, in the form of attached Exhibit A, which shall disclose to the best of his/her knowledge, his/her and/or his/her Family Members' Financial Interest(s) in any Business engaged in, or proposing to engage in, any Transaction with MFA or that the Member, Management or Employee believes or has reason to believe may be affected by their Official Act or actions. On or before January 31 of each year, each MFA Member, Management and Employee shall complete and deliver to MFA a disclosure statement disclosing to the best of his/her knowledge, his/her and his/her Family Members' Financial Interest(s) in any Business engaged or proposing to engage in any Transaction with MFA or that the Member, Management or Employee believes or has reason to believe may be affected by their Official Act or actions. The disclosure statement for each Member, Management and Employees shall be in the form of Exhibit A ("Disclosure Statement"). The Disclosure Statement shall contain at least the following information:
- a) The Business in which the Member, Management, Employee or Family Member has a Financial Interest.
  - b) The name of the Business engaging in, or proposing to engage in, a Transaction with MFA;
  - c) The Financial Interest that the Member, Management or Employee believes or has reason to believe may be affected by their Official Act or actions.
  - d) If the Transaction is with a Business in which an Employee or Employee's Family Member has a Financial Interest, the approximate value of the Transaction.
  - e) A list of all MFA programs or proposed programs that a Member, Management, Employee or Family Member is likely to participate in and/or benefit from.

In addition to the Disclosure Statement, Members (which term for the purposes of this sentence excludes the proxy of an ex-officio Member) shall complete the form, required by the New Mexico Secretary of State pursuant to the New Mexico Financial Disclosure Act, NMSA 1978 §10-16A-1 to 10-16A-8 ("Financial Disclosure Act Disclosure"). The Financial Disclosure Act disclosure shall be completed at the times required under the Financial Disclosure Act, including but not limited to within thirty (30) days of appointment and during the month of January every year thereafter.

3. **Updated Disclosures.** Each Member, Management and Employee shall update his/her Disclosure Statement within forty-five (45) days of the date that, to the best of his/her knowledge:
- a) He/she acquires a Financial Interest in any Business engaging in, or proposing to engage in, a Transaction with MFA;



- b) He/she learns that a Family Member has, or has acquired, a Financial Interest in a Business which is engaging in, or proposing to engage in, a Transaction with MFA; or
  - c) He/she learns that a Business, in which he/she or any Family Member has a Financial Interest, is engaging in, or proposing to engage in, a Transaction with MFA.
4. **Disclosure in the Minutes.** In addition to written disclosure as provided herein, and pursuant to Section 58-18-25 NMSA 1978, whenever any Member, Management or Employee of MFA has a Financial Interest in any Business engaging in or proposing to engage in a Transaction with MFA, or, either direct or indirect, in any contract to which MFA or any secondary market facility is, or is to be, a party or in any mortgage lender requesting a loan from or offering to sell mortgage loans to MFA, secondary market facility, or in any sponsor requesting a project mortgage loan, the interest shall be disclosed and set forth in the Board minutes. The Member, Management or Employee shall not participate in any action by MFA or any secondary market facility with respect to the contract, mortgage lender, sponsor, or Transaction.
5. **Special Disclosures.**
- a) **Funding Committees.** Upon the commencement of a funding round, each member of MFA's Allocation Review Committee of the Low Income Housing Tax Credit (LIHTC) Program, Housing Trust Fund and Land Title Trust Fund Advisory Committees, and all other MFA Funding Committees, shall disclose, upon receipt of the list of applicants to the funding round, his/her and any Family Member's Financial Interest in any entity named on the list of applicants to that funding round. The disclosure statement shall be in the form of Exhibit B ("Funding Committee Disclosure Statement").
  - b) **Project-Specific Multifamily Bonds.** Prior to the issuance of a project-specific multifamily housing bond, each MFA Member, Management, and Employee shall disclose any Financial Interest he/she or any Family Member has in any entity proposing to engage in the bond transaction with MFA. The disclosure statement shall be in the form of Exhibit C ("Multifamily Bond Disclosure Statement").

Special Disclosures will be distributed and collected by MFA's Housing Development Department.

6. **Disclosure Process.** Completed Management and Employee Annual and Updated Disclosure Statements are to be provided to MFA's Human Resources Director who shall review them in conjunction with General Counsel to determine the existence or potential existence of a conflict of interest on the part of any MFA Management or Employee with regard to any MFA Transaction or anticipated Transaction. It shall be the responsibility of the Human Resources Director to inform the Policy Committee of any existing or anticipated conflicts of interest indicated in any Disclosure Statement form. Completed Member Annual and Updated Disclosure Statements shall be provided to the Executive Director/CEO who shall review them in conjunction with General Counsel to determine the existence or potential existence of a conflict of interest on the part of any Member. It shall be the responsibility of General Counsel to inform the Board of any existing or anticipated conflicts of interest indicated in any Member Disclosure Statement form. If approval of the Board is required for any Transaction under sub-section F of this policy, and MFA's General Counsel is aware of Board Member's Financial Interest in a Business engaging in or proposing to engage in a Transaction with MFA, it shall be the responsibility of MFA's General Counsel to disclose the Transaction to the Board and to request the required approval. In addition, as required by applicable federal regulation, MFA's General Counsel shall notify the federal awarding agency in writing of any potential conflicts of interest related to federal programs in accordance with federal awarding agency policy. It shall be the

responsibility of the federal program manager, in consultation with MFA's General Counsel, to provide notice to the Board of these federal program conflicts of interest through the staff actions reporting process.

7. **Disclosures to be Posted on Website.** The Initial, Annual and Updated Disclosures of Members and Management shall be posted on MFA's website.

#### **E. Gifts**

No Member, Management or Employee may, directly or indirectly, solicit or accept any money or other thing of value, regardless of the value, that is conditioned upon or given in exchange for performing or promising to perform an Official Act, which may influence the manner in which he/she performs an Official Act, or which may create the appearance that it influenced him/her in the performance of an Official Act. No Member, Management or Employee shall knowingly accept a gift of a market value greater than two hundred fifty-dollars (\$250).

#### **F. Conflict of Interest Transactions**

##### **1. Prohibited Transactions - Members, Management and Employees**

- a) **Official Act.** No Member, Management or Employee shall take any Official Act which may directly or indirectly benefit his/her or a Family Member's position or Financial Interests.
- b) **Confidential Information.** No Member, Management or Employee shall utilize Confidential Information to benefit himself/herself or a Family Member. Members, Management and Employees shall safeguard all information that is of a confidential or proprietary nature, and shall not disclose such information, except as otherwise authorized. A Confidentiality Agreement in the form of Exhibit D shall be signed by all Management and Employees annually and kept on file.
- c) **Member, Management and Employee Transactions.** No Business in which a Member, Management or Employee (or a Family Member) has a Financial Interest shall engage in a Transaction with MFA unless the Member, Management or Employee has disclosed his/her or his/her Family Member's Financial Interest in the Business to MFA in the manner provided in sub-section D of this policy prior to engaging in the Transaction and, with respect to all Transactions of Members and Management, and Employee Transactions in excess of \$10,000, the Transaction is approved by a disinterested majority of MFA Members. Transactions of Employees of \$10,000 or less may be approved by the Executive Director provided a disclosure of such Transactions is made to MFA Board and is recorded in the minutes of the meeting in which it is made.

2. **Transactions Involving Former Members or Management.** MFA shall not enter into any Transaction with a former Member or former Management for a period of one (1) year after the Member or Management ceases to be a Member or Management of MFA, except with prior approval of a disinterested majority of all MFA Members.
3. **Other Employment.** Members, Management and Employees shall not engage in or accept employment or render services for other persons when that employment or service is incompatible with or may affect the discharge of their official duties or when that employment may tend to impair their independence of judgment or action in the performance of their official duties. The Executive Director/CEO must approve all outside employment by an Employee prior to his/her accepting outside employment. Employees who are engaged in outside employment at the time they are first hired by MFA and who wish to continue that outside employment must



have the outside employment approved by the Executive Director/CEO prior to starting work at MFA. MFA Board must approve all outside employment by the Executive Director/CEO prior to his/her accepting outside employment.

4. **Exceptions.** Nothing in this Code of Conduct shall be deemed or construed to limit the right of any Member, Management or Employee of MFA to:

- a) Acquire or purchase any interest in bonds or notes of MFA;
- b) Have a Financial Interest in, or do business with, any banking institution in which MFA funds are or are to be deposited or which is or is to be acting as trustee or paying agent under any trust indenture to which MFA is a party; or
- c) Accept employment with MFA.

**G. Political Activities**

- 1. A Member, Management or Employee shall not, through his or her position at MFA:
  - a) Directly or indirectly coerce, command, advise, solicit, or attempt to coerce, command, advise or solicit anyone to pay, lend or contribute money or other thing(s) of value to a party, committee, organization, agency, or person for political purposes; or
  - b) Use MFA funds, resources, or time to support or oppose any political candidate for any public office, provided, however, that Members, Management, and Employees may use MFA funds, resources, and time to pursue legislative purposes as approved by the Board and MFA Legislative Oversight Committee from time to time.
- 2. Management and Employees shall not, through their position at MFA, while on duty, or using MFA funds or resources:
  - a) Campaign or engage in political activity in concert with a political party, a candidate for partisan political office, or a partisan political group, provided that this policy is not intended to limit Management or Employees from actively participating in political activities or partisan political campaigns, while off duty, and provided that no MFA funds or resources are utilized.

**H. Sanctions and Penalties**

Violation of any part of this Code of Conduct by any Management or Employee may subject the violator to disciplinary action up to and including termination of employment and to such other penalties as may be provided by law.

**I. Effective Date**

This Code of Conduct is effective as amended herein as of September 20, 2023.

**DISCLOSURE STATEMENT-2024**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR  
AND EXECUTIVE DIRECTOR**

From: Isidoro Hernandez  
(Member, Proxy, Management, Employee)

Date: 1/3/24

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

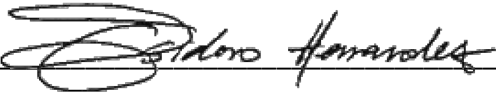
The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with MFA. If the answer is "**none**", please write "**none**".

Name of Business:  
NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Employee Transaction, approximate value of the Transaction, if applicable:  
NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "**none**", please write "**none**":

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: 

NOTE: Use additional sheets as necessary.

**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Isidoro Hernandez  
(Member, Proxy, Management, Employee)

Date: 1/3/24

Re: CY 2024 Housing Tax Credit Program

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: -NONE-

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If Employee Transaction, approximate value of the Transaction -NONE-

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":

-NONE-

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Signed: 

**ANNUAL DISCLOSURE STATEMENT**

To: **NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)**  
**CHAIR AND EXECUTIVE DIRECTOR**

From: Isidoro Hernandez  
(Member, Proxy, Management, Employee)

Date: 1/3/24

Re: CY 2024 542 (C) Risk Sharing

The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: -NONE-

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If Employee Transaction, approximate value of the Transaction -NONE-

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The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":

-NONE-

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Signed: 