

## Mr. Angel Reyes, Chair

President, Centinel Bank in Toas 512 Paseo del Pueblo Sur Taos, NM 87571 Phone: (575) 758-6770 <u>areyes@centinelbank.com</u> Term: 1/2/2021 - 1/1/2025

## Mr. Derek Valdo, Vice Chair

CEO of AMERIND Risk Management 502 Cedar Drive Santa Ana Pueblo, NM 87004 Phone: (505) 404-5000 <u>dvaldo@amerindrisk.org</u> Term: 3/18/2023 - 1/1/2027

## The Honorable Howie Morales

Lieutenant Governor State Capitol Building, Room 417 Santa Fe, NM 87501 Phone: (505) 476-2250 Howie.Morales@state.nm.us Term: Ex-officio elected 2018 **Martina C'de Baca** Martina.CdeBaca2@state.nm.us (505) 476-2230 (Direct line)

## The Honorable Raúl Torrez

Attorney General 408 Galisteo Street, Villagra Bldg. Santa Fe, NM 87501 Phone: (505) 490-4060 rcrollett@nmag.gov (Ronda Crollett) Term: Ex-officio elected 2022 Julie Ann Meade Deputy Attorney General Office: (505) 490-4058, Cell: (505) 469-7228 jmeade@nmdoj.gov

### The Honorable Laura M. Montoya

State Treasurer 2055 South Pacheco St., Suites 100 and 200, Santa Fe, NM 87505 Phone: (505) 955-1120 Term: Ex-officio elected 2022

## **Christine Anaya**

Special Projects Director Office: (505) 955-1131, Cell: (505) 660-0823 <u>Christine.anaya@sto.nm.gov</u>

## Rebecca Wurzburger

Strategic Planning Consultant 1614 Camino De Cruz Blanca Santa Fe, NM 87501 <u>Rebeccawurzburger@gmail.com</u> (505) 982-6351 Term: 3/18/2023 - 1/1/2026

## **Randy Traynor**

Traynor Associates, LLC 12907 Celle de Sandias NE Albuquerque, NM 87111 (505) 238-1032 randy@nmlobbyist.com



## STATE OF NEW MEXICO OFFICE OF THE SECRETARY OF STATE

Bureau of Elections, Ethics Administration 325 Don Gaspar, Suite 300, Santa Fe, New Mexico 87501 Phone: (505) 827-3600 Toll-Free: (800) 477-3632 Fax: (505) 827-8403

# **2024 Financial Disclosure Report**

Last Name	First Name		Middle Andres	Name	
Reyes		Angel			
Residence Address 57 Melena Road		Email Address areyes@centinelbank.com			
City	State			Zip	
Taos	NM		87571		
Mailing Address PO Box 2084			~		
City	State		Zip		
Ranchos de Taos	NM		87557		
	G INDIVIDUAL – Current F	Filing Status		ed office (for current term) or	
	box and fill in all requested	I information as it is	Date of curre	ent appointment/ employ	
		l information as it is d or Commission / Agency Name	Date Assun		
applicable on today's date	Office / Board	d or Commission / Agency	Date Assun	ned Office,	
A 5	Office / Board MORTGAGE FIL MEXICO	d or Commission / Agency Name	Date Assun Employed,	ned Office,	
applicable on today's date <b>Reporting individual</b> Appointed To	Office / Board MORTGAGE FI MEXICO NM MORTGAG	d or Commission / Agency Name NANCE AUTHORITY, NEW	Date Assun Employed, 02/05/2020	ned Office,	
Applicable on today's date Reporting individual Appointed To Appointed To	Office / Board MORTGAGE FIL MEXICO NM MORTGAG NM MORTGAG	d or Commission / Agency Name NANCE AUTHORITY, NEW GE FINANCE AUTHORITY	Date Assum Employed,           02/05/2020           02/05/2020           02/05/2020	ned Office,	
Applicable on today's date Reporting individual Appointed To Appointed To	Office / Board MORTGAGE FIL MEXICO NM MORTGAG NM MORTGAG	d or Commission / Agency Name NANCE AUTHORITY, NEW GE FINANCE AUTHORITY GE FINANCE AUTHORITY	Date Assum Employed,           02/05/2020           02/05/2020           02/05/2020           02/05/2020	ned Office,	
Appointed To Appointed To Appointed To Employer	Office / Board MORTGAGE FIL MEXICO NM MORTGAG NM MORTGAG 3. REPORTING INI of Employer	d or Commission / Agency Name NANCE AUTHORITY, NEW GE FINANCE AUTHORITY GE FINANCE AUTHORITY DIVIDUAL - Employer Info Employer's Phone Nu	Date Assum Employed,           02/05/2020           02/05/2020           02/05/2020           02/05/2020	ned Office,	

#### 5. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Income Source(s) Sources of Gross Income over \$5,000.00\* \*For the list of all sources, see page 4. In the space provided below, indicate all sources of gross income of more than \$5,000 during the prior calendar year to each person covered by this disclosure, i.e., reporting individual or their spouse or indicate not applicable. Please note: Only the source(s) of income need to be reported. You do not need to report the amount received. If 'other', please include a brief description. Received by (list the name of the reporting individual or Income source (\*see pg. 4): spouse): FINANCE AND BANKING Angel Andres Reyes 6. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Areas of Specialization If the reporting individual or their spouse is involved in a law practice, consulting operation or similar business, please include the information in the space provided below or indicate not applicable: Received by (list the name of the reporting individual or Describe the major areas of specialization or sources of income. spouse): 7. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Consulting and/or Lobbying If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented: Client name & address: Represented by: List the name of the reporting individual's firm or spouse's firm 8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Real Estate Real estate owned in New Mexico (other than personal residence): Owner County General Description Angel Andres Reves Taos Commercial Condominium Taos Real Estate Angel Andres Reyes Real Estate Deanna Reyes Taos 9. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Other Business Business Interests over \$10,000.00 List any other business interests in New Mexico of \$10,000 or more in the space provided: Position held: Name of business: General statement of Received by (list the name of the business purpose: reporting individual or spouse): Centinel Bank of Taos Chairman, President, Commercial Bank Angel Andres Reyes CEO Centinel Bank Shares, Inc. Chairman, President, Bank Holding Company Angel Andres Reyes CEO Centinel Properties, LLC Manager Real Estate Holding Company Angel Andres Reyes

10. REPORTING INDIVIDU	JAL &	REPORTING INDIVIDUAL'S SPOUSE
Be Memberships held by reporting individual or their spous		fembership oards of for-profit businesses in New Mexico:
Name of business:		pard member (list the name of the reporting individual or pouse):
Centinel Bank of Taos	A	ngel Andres Reyes
Centinel Bank Shares, Inc.	A	ngel Andres Reyes
11. REPORTING INDIVIDUAL & REPOR Professional licenses held in New Mexico:	RTING	INDIVIDUAL'S SPOUSE – Professional License(s)
Type of license:		dividual holding license (list the name of the reporting dividual or spouse):
Goods and/or Se	rvices	REPORTING INDIVIDUAL'S SPOUSE Provided to State Agencies e provided goods or services to in excess of \$5,000 during the prior
State agency to which goods and/or services were provided:		Individual providing goods or services (list the name of the reporting individual or spouse):
		REPORTING INDIVIDUAL'S SPOUSE
		/ Representation ented or assisted a client during the past year: (do not include
State agency (other than a court):		Individual assisting client (list the name of the reporting individual or spouse):
	you b	<b>5 INDIVIDUAL'S SPOUSE – General Information</b> elieve should be noted to describe potential areas of interest that on to believe, may be affected by your official acts:
Centinel Bank of Taos purchased a loan participation fro 2023)	om Mai	n Bank related to an MFA real estate purchase transaction. (May
and banking, farming and ranching, medicine and health care, in transportation, utilities, general stock market holdings, bonds, go general description of the consumer goods and the category "ot	nsuranc vernme ther*, wi	<b>clude:</b> law practice or consulting operation or similar businesses, finance e (as a business and not as a payment on an insurance claim), oil and gas, nt, education, manufacturing, real estate, consumer goods sales with a th direction that the income source be similarly described. the foregoing information is true, correct and complete to
Signature: Angel Andres Reyes		Date: 01/29/2024
Printed Name: Angel Reyes		

### 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

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":

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

### 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

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 the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":

Angel Reyes Digitally signed by Angel Reyes Date: 2024.01.28 18:13:59 -07'00'

Signed:

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

From:	Derek C. Valdo				
	(Member, Proxy, Management, Employee)				
Date:	03/1/2024				

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: 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, if applicable:

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":

Signed:

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

From: <u>Derek Valdo</u> (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.

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Signed:

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

From: <u>Derek Valdo</u> (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.

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.

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Signed:



## STATE OF NEW MEXICO OFFICE OF THE SECRETARY OF STATE

Bureau of Elections, Ethics Administration 325 Don Gaspar, Suite 300, Santa Fe, New Mexico 87501 Phone: (505) 827-3600 Toll-Free: (800) 477-3632 Fax: (505) 827-8403

# **2024 Financial Disclosure Report**

Last Name	First Name		Middle Nan	ne	
Valdo	Derek		Colin		
Residence Address	Email Address	5			
XXXXXX	XXXXXX				
City	State		Zip		
XXXXXX	XXXXXX		XXXXXX		
Mailing Address					
City	State		Zip		
XXXXXX	XXXXXX		XXXXXX		
		_		fice (for current term):	
Please check the appropriate	<b>G INDIVIDUAL – Current Fili</b> box and fill in all requested in	-		or	
Please check the appropriate	box and fill in all requested in	-		or ppointment/ employme Office,	
Please check the appropriate applicable on today's date <b>Reporting individual</b>	box and fill in all requested in Office / Board o	formation as it is r Commission / Agency	Date of current a	or ppointment/ employme Office,	
Please check the appropriate applicable on today's date	box and fill in all requested in Office / Board o NM MORTGAGE	formation as it is r Commission / Agency Name	Date of current a Date Assumed Employed, or A	or ppointment/ employme Office,	
Please check the appropriate applicable on today's date <b>Reporting individual</b> Appointed To	box and fill in all requested in Office / Board o NM MORTGAGE NM MORTGAGE	formation as it is r Commission / Agency Name FINANCE AUTHORITY	Date of current a Date Assumed Employed, or A 02/05/2020 01/01/2024	or ppointment/ employme Office,	
Please check the appropriate applicable on today's date <b>Reporting individual</b> Appointed To	box and fill in all requested in Office / Board o NM MORTGAGE NM MORTGAGE 3. REPORTING INDIV	formation as it is r Commission / Agency Name FINANCE AUTHORITY FINANCE AUTHORITY	Date of current a Date Assumed Employed, or A 02/05/2020 01/01/2024 rmation	or ppointment/ employme Office,	
Please check the appropriate applicable on today's date <b>Reporting individual</b> Appointed To Appointed To Employer	box and fill in all requested in Office / Board o NM MORTGAGE NM MORTGAGE 3. REPORTING INDIV Corporation	formation as it is or Commission / Agency Name FINANCE AUTHORITY FINANCE AUTHORITY VIDUAL - Employer Infor	Date of current a Date Assumed Employed, or A 02/05/2020 01/01/2024 rmation	or ppointment/ employme Office,	

5. REPORTING		RTING INDIVIDUAL'S SPOU oss Income over \$5,000.00*			
		of all sources, see page 4.			
In the space provided below, indi- person covered by this disclosure			during the prior calendar year to each ot applicable.		
Please note: Only the source(s) of If 'other', please include a brief		rted. <mark>You do not need to re</mark>	port the amount received.		
Income source (*see pg. 4):		Received by (list the na spouse):	me of the reporting individual or		
	spouse is involved in a la		- Areas of Specialization tion or similar business, please include the		
Describe the major areas of spe income.	cialization or sources of	f Received by (list the na spouse):	me of the reporting individual or		
Consulting		Derek Colin Valdo			
	eporting person's or spou	ise's law firm, consulting ope	Consulting and/or Lobbying ration or similar business is or was a		
Client name & address:		Represented by: List the or spouse's firm	name of the reporting individual's firm		
8. REPORT Real estate owned in New Mexico		PORTING INDIVIDUAL'S SP idence):	OUSE – Real Estate		
Owner	County		General Description		
		<b>PRTING INDIVIDUAL'S SPO</b> interests in New Mexico of \$	<b>USE – Other Business</b> 10,000 or more in the space provided:		
Name of business:	Position held:	General statement of business purpose:	Received by (list the name of the reporting individual or spouse):		
	Boa	L & REPORTING INDIVIDU			
Name of business:	Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico:         Name of business:       Board member (list the name of the reporting individual or spouse):				
<b>11. REPORTING</b> Professional licenses held in New		ING INDIVIDUAL'S SPOUS	E – Professional License(s)		
Type of license:		Individual holding licens individual or spouse):	se (list the name of the reporting		
12.		L & REPORTING INDIVIDU			
State agencies to which the repor calendar year:		ices Provided to State Age pouse provided goods or serv	<i>r</i> ices to in excess of \$5,000 during the prior		
State agency to which goods ar provided:	nd/or services were	Individual providing reporting individual o	goods or services (list the name of the r spouse):		

#### 13. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE State Agency Representation

List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)

State agency (other than a court):	Individual assisting client (list the name of the reporting
	individual or spouse):

#### 14. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – General Information

Provide other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:

\*Pursuant to NMSA 1978 § 10-16A-3 (D), income sources include: law practice or consulting operation or similar businesses, finance and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gas, transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a general description of the consumer goods and the category "other", with direction that the income source be similarly described.

I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature: Derek C. Valdo	Date: 01/25/2024
Printed Name: Derek Valdo	

#### DISCLOSURE STATEMENT-2024

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

From: <u>Member, State Treasurer Laura M. Montoya</u> (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: line I know of

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

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":

al have over so cousins. I have no idea about their susines. None d'in quare of.

Signed:

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

From:	Member,	Laura	M.	Montoya	NM	State	Treasurer
	(Member, Proxy,	Managem	ent, Em	ployee)			

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 hercof.

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lore that Chow Name of Business: 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,

Ine 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"**:

CONSME ł Awa Signed:

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	(Member, Proxy, Management, Employee)
<b>D</b> /	1/10/2021
Date:	1/10/2029
Re:	CY 2024 Housing Tax Credit Program
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New o Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best her knowledge and belief, accurate and complete in all respects, as of the date hereof.
defined If the a	llowing is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as I in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. nswer is <b>"none"</b> , please write <b>"none"</b> .
Name	of Business: Ne lan
	0
If Emp	ployee Transaction, approximate value of the Transaction
domest uncle, a If the a	lowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, ic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. nswer is "none", please write "none": $\mp$ have over 80 cousins. $\mp$ have no idea with the bosiness. None that if maware of
	<i>v</i>
	$\sim$

Signed:

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Droxy, Christine Anaya (Member, Proxy, Management, Employee)
Date:	10/21/2024
Re:	CY 2024 Housing Tax Credit Program
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best her knowledge and belief, accurate and complete in all respects, as of the date hereof.
defined	llowing is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as I in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. nswer is <b>"none"</b> , please write <b>"none"</b> .
Name	of Business: NONE
······	
·	
If Emj	ployee Transaction, approximate value of the Transaction NONE
· · · · · · · · · · · · · · · · · · ·	
domest uncle, a	llowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, tic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. nswer is "none", please write "none":
Signed	

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

Proxy, Christine Anaya (Member, Proxy, Management, Employee) From: 21/2024 Date: 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 NUNE

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"**: NUNE

Signed:

## **DISCLOSURE STATEMENT-2024**

То:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Mowie C. Morales (Member, Proxy, Management, Employee)
Date:	2/15/24
New M	dersigned Member, Management or Employee states that he/she has read and understands the lexico Mortgage Finance Authority Code of Conduct and that the information provided below is, best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.
define	llowing is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as d in the Code of Conduct) which are engaged or proposing to engage in a Transaction with MFA. Inswer is <b>"none"</b> , please write <b>"none"</b> .
Name	of Business: NANC
lf Empl	loyee Transaction, approximate value of the Transaction, if applicable:
spouse sister-i	llowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., e, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in benefit from. If the answer is <b>"none"</b> , please write <b>"none"</b> :

nore

Signed:

House C. Mosales

То:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Member, Proxy, Management, Employee)
Date:	2 15 24
Re:	CY 2024 Housing Tax Credit Program
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best her knowledge and belief, accurate and complete in all respects, as of the date hereof.
defined	lowing is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as I in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. nswer is " <b>none</b> ", please write " <b>none</b> ".
Name	of Business: NONC
<u> </u>	
If Emp	loyee Transaction, approximate value of the Transaction
domest uncle, a	lowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, ic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. nswer is <b>"none"</b> , please write <b>"none"</b> :
	NONE
	· · · · · · · · · · · · · · · · · · ·
Signed	Homie C. Morales

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Mowie C. Morales (Member, Proxy, Management, Employee)
Date:	ZKSZZA
Re:	CY 2024 542 (C) Risk Sharing
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Name	of Business: NONC
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If Emp	loyee Transaction, approximate value of the Transaction
. <u> </u>	NONE
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domest uncle, a	lowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, ic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, unt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. nswer is <b>"none"</b> , please write <b>"none"</b> :
	NONC
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Signed:	Admin C. Montes

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## **DISCLOSURE STATEMENT-2024**

То:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Martina CitzBala (Member, Proxy, Management, Employee)
Date:	2/15/24
New N	dersigned Member, Management or Employee states that he/she has read and understands the lexico Mortgage Finance Authority Code of Conduct and that the information provided below is, best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.
define	llowing is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as d in the Code of Conduct) which are engaged or proposing to engage in a Transaction with MFA. answer is " <b>none"</b> , please write " <b>none"</b> .
Name	of Business:
lf Emp	loyee Transaction, approximate value of the Transaction, if applicable: へのいて
spouse sister-	llowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., e, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in r benefit from. If the answer is <b>"none"</b> , please write <b>"none"</b> :
	none

Signet Auch un ( DA

То:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Member, Proxy, Management, Employee)
Date:	2/15/24
Re:	CY 2024 Housing Tax Credit Program
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best her knowledge and belief, accurate and complete in all respects, as of the date hereof.
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Name o	of Business: Moule
<u> </u>	
If Emp	loyee Transaction, approximate value of the Transaction
	None
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domesti uncle, a	lowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, ic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, nunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. Inswer is <b>"none"</b> , please write <b>"none"</b> :
	nove
Signed:	Martina C'di Faco

То:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Martina ColPara (Member, Proxy, Management, Employee)
Date:	2/15/24
Re:	CY 2024 542 (C) Risk Sharing
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best her knowledge and belief, accurate and complete in all respects, as of the date hereof.
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Name	of Business: now
	· · · · · · · · · · · · · · · · · · ·
If Emp	loyee Transaction, approximate value of the Transaction
·	none
domest uncle, a	lowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, ic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, unt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. nswer is <b>"none"</b> , please write <b>"none"</b> :
	None
Signed	llachia Cat Joe

#### **DISCLOSURE STATEMENT-2024**

To:	D: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR					
	AND EXECUTIVE DIRECTOR					
From:	Manten Relien Umpm					
	(Member, Proxy, Management, Employee) (					
Date:	Jenney 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:

1- A

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

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"**;

Stedo Meran er 1 denati LMI D M Signed:-NOTE: Use additional sheets as necessary.

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)
	CHAIR AND EXECUTIVE DIRECTOR
From	Member Refuera Wurzburg
V -C	(Member, Proxy, Management, Employee)
Date:	Jonuary 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.

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#### Name of Business:\_

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 the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":

19310MM en lle INA ternone Signed:

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)
	CHAIR AND EXECUTIVE DIRECTOR
From:	Bellember Rehre Duff
	(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:\_\_\_\_\_

, 1

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 the household), am likely to participate in and/or benefit from. If the answer is **"none"**, please write **"none"**:

198000 mat LIM Signed:



## STATE OF NEW MEXICO OFFICE OF THE SECRETARY OF STATE

Bureau of Elections, Ethics Administration 325 Don Gaspar, Suite 300, Santa Fe, New Mexico 87501 Phone: (505) 827-3600 Toll-Free: (800) 477-3632 Fax: (505) 827-8403

# **2024 Financial Disclosure Report**

<b>1. REPORTING INDIVIDUAL – Contact Information</b> Please provide all information requested in the space below.						
Last Name First Name Middle Name						
Wurzburger	Rebecca					
Residence Address						
City XXXXXX	State XXXXXX		Zip XXXXXX			
Mailing Address XXXXXX						
City XXXXXX	State XXXXXX		Zip XXXXXX			
2. REPORTING IN	IDIVIDUAL – Current Filing	Status	Date assumed office (for current term):			
Please check the appropriate box applicable on today's date	and fill in all requested inforr	nation as it is	or Date of current appointment/ employment			
Reporting individual		ommission / Agency Ime	Date Assumed Office, Employed, or Appointed			
Appointed To	MORTGAGE FINANC MEXICO	E AUTHORITY, NEW	07/16/2022			
Appointed To	NM MORTGAGE FIN	ANCE AUTHORITY	07/16/2022			
	3. REPORTING INDIVID	UAL - Employer Infor	mation			
4.	SPOUSE OF REPORTING IN	DIVIDUAL – Employer	Information			
5. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Income Source(s) Sources of Gross Income over \$5,000.00* *For the list of all sources, see page 4. In the space provided below, indicate <u>all</u> sources of gross income of <u>more than</u> \$5,000 during the prior calendar year to each						
person covered by this disclosure, i.e., reporting individual or their spouse or indicate not applicable. Please note: Only the source(s) of income need to be reported. <u>You do not need to report the amount received.</u> If 'other', please include a brief description.						
Income source (*see pg. 4):		Received by (list the n pouse):	ame of the reporting individual or			
PERA benefits, social security	F	Rebecca Wurzburger				

	spouse is	involved in a law	v pi	<b>U</b> .		eas of Specialization or similar business, please include the	
Describe the major areas of specialization or sources of income.				Received by (list the name of the reporting individual or spouse):			
<b>7. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE - Consulting and/or Lobbying</b> If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:							
Client name & address:				epresented by: List the spouse's firm	nam	e of the reporting individual's firm	
8. REPORT Real estate owned in New Mexico				FING INDIVIDUAL'S SP ce):	OUS	iE – Real Estate	
Owner		County			Gen	eral Description	
Rebecca Wurzburger		Santa Fe			Pers	sonal Home	
<b>9. REPORTIN</b> Business Interests over \$10,000.00				NG INDIVIDUAL'S SPO ests in New Mexico of \$			
Name of business:	Positior	held:		eneral statement of usiness purpose:		Received by (list the name of the reporting individual or spouse):	
<b>10. R</b> Memberships held by reporting in		Board	d N	REPORTING INDIVIDU Iembership oards of for-profit busin			
Name of business:				oard member (list the r oouse):	name	e of the reporting individual or	
<b>11. REPORTING I</b> Professional licenses held in New		JAL & REPORTIN	١G	INDIVIDUAL'S SPOUSI	E – P	rofessional License(s)	
Type of license: Individual holding license (list individual or spouse):					st the name of the reporting		
			Rebecca Wurzburger				
12. F				REPORTING INDIVIDU			
Goods and/or Services Provided to State Agencies State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the prior calendar year:							
State agency to which goods and/or services were provided:       Individual providing goods or services (list the name of the reporting individual or spouse):							
13. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE State Agency Representation							
List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)							
State agency (other than a court):				Individual assisting client (list the name of the reporting individual or spouse):			
<b>14. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE – General Information</b> Provide other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:							

\*Pursuant to NMSA 1978 § 10-16A-3 (D), income sources include: law practice or consulting operation or similar businesses, finance and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gas, transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a general description of the consumer goods and the category "other", with direction that the income source be similarly described.

I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete to the best of my knowledge.

Signature: Rebecca Wurzburger	Date: 01/11/2024
Printed Name: Rebecca Wurzburger	

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)	
-	CHAIR AND EXECUTIVE DIRECTOR	
From:	(Member, Proxy, Management, Employee)	
Date:	8/3/24	
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.

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Name of Business: None If Employee Transaction, approximate value of the Transaction  $\mathcal{N}/\mathcal{A}$ 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": \_\_\_\_ bettenone. my Signed

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)
	CHAIR AND EXECUTIVE DIRECTOR
From:	Kandy L. Traynor
	(Member, Proxy, Management, Employee)
	c l = l = c
Date:	8/3/24

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.

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--- 1 Signed

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

From:	Julie Ann Meade, Proxy
	(Member, Proxy, Management, Employee)
Date:	October 11, 2024
Re:	CY 2024 542 (C) Risk Sharing
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best her knowledge and belief, accurate and complete in all respects, as of the date hereof.
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Name	of Business: None
If Emp	loyee Transaction, approximate value of the Transaction None
domest uncle, a	lowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, ic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. nswer is <b>"none"</b> , please write <b>"none"</b> : None
Signed	Julie Ann Meade

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

From:	Julie Ann Meade, Proxy
	(Member, Proxy, Management, Employee)
Date:	October 11, 2024
Re:	CY 2024 Housing Tax Credit Program
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New o Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best her knowledge and belief, accurate and complete in all respects, as of the date hereof.
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If Emp	bloyee Transaction, approximate value of the Transaction None
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