



Mr. Angel Reyes, Chair

President, Centinel Bank in Taos
512 Paseo del Pueblo Sur
Taos, NM 87571
Phone: (575) 758-6770
areyes@centinelbank.com
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
dvaldo@amerindrisk.org
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
Christine.anaya@sto.nm.gov

Rebecca Wurzburger

Strategic Planning Consultant
1614 Camino De Cruz Blanca
Santa Fe, NM 87501
Rebeccawurzburger@gmail.com
(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

1. REPORTING INDIVIDUAL – Contact Information

Please provide all information requested in the space below.

Last Name Reyes	First Name Angel	Middle Name Andres
Residence Address 57 Melena Road	Email Address areyes@centinelbank.com	
City Taos	State NM	Zip 87571
Mailing Address PO Box 2084		
City Ranchos de Taos	State NM	Zip 87557

2. REPORTING INDIVIDUAL – Current Filing Status

Please check the appropriate box and fill in all requested information as it is applicable on today's date

Date assumed office (for current term):
or
Date of current appointment/ employment

Reporting individual	Office / Board or Commission / Agency Name	Date Assumed Office, Employed, or Appointed
Appointed To	MORTGAGE FINANCE AUTHORITY, NEW MEXICO	02/05/2020
Appointed To	NM MORTGAGE FINANCE AUTHORITY	02/05/2020
Appointed To	NM MORTGAGE FINANCE AUTHORITY	02/05/2020

3. REPORTING INDIVIDUAL - Employer Information

Employer Centinel Bank of Taos	Employer's Phone Number (575) 758-6700		
P.O. Box or Street Address of Employer Po Box 818, 512 Paseo del Pueblo Sur	City Taos	State NM	Zip 87571
Title or Position held by reporting individual Chairman, President , CEO	Nature of business or occupation Banking		

4. SPOUSE OF REPORTING INDIVIDUAL – 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 **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.

Income source (*see pg. 4):**Received by (list the name of the reporting individual or 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:

Describe the major areas of specialization or sources of income.**Received by (list the name of the reporting individual or 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 Reyes	Taos	Commercial Condominium
Angel Andres Reyes	Taos	Real Estate
Deanna Reyes	Taos	Real Estate

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:

Name of business:	Position held:	General statement of business purpose:	Received by (list the name of the reporting individual or spouse):
Centinel Bank of Taos	Chairman, President, CEO	Commercial Bank	Angel Andres Reyes
Centinel Bank Shares, Inc.	Chairman, President, CEO	Bank Holding Company	Angel Andres Reyes
Centinel Properties, LLC	Manager	Real Estate Holding Company	Angel Andres Reyes

10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE**Board Membership**

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):
Centinel Bank of Taos	Angel Andres Reyes
Centinel Bank Shares, Inc.	Angel Andres Reyes

11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s)

Professional licenses held in New Mexico:

Type of license:	Individual holding license (list the name of the reporting individual or spouse):
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12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE**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):
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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:

Centinel Bank of Taos purchased a loan participation from Main Bank related to an MFA real estate purchase transaction. (May 2023)

***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: Angel Andres Reyes	Date: 01/29/2024
Printed Name: Angel Reyes	

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 _____

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: **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

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

NOTE: Use additional sheets as necessary.

ANNUAL DISCLOSURE STATEMENT

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: 

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 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.

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.



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

1. REPORTING INDIVIDUAL – Contact Information		
Please provide all information requested in the space below.		
Last Name Valdo	First Name Derek	Middle Name Colin
Residence Address XXXXXX	Email Address XXXXXX	
City XXXXXX	State XXXXXX	Zip XXXXXX
Mailing Address XXXXXX		
City XXXXXX	State XXXXXX	Zip XXXXXX
2. REPORTING INDIVIDUAL – Current Filing Status		Date assumed office (for current term): or Date of current appointment/ employment
Please check the appropriate box and fill in all requested information as it is applicable on today's date		
Reporting individual	Office / Board or Commission / Agency Name	Date Assumed Office, Employed, or Appointed
Appointed To	NM MORTGAGE FINANCE AUTHORITY	02/05/2020
Appointed To	NM MORTGAGE FINANCE AUTHORITY	01/01/2024
3. REPORTING INDIVIDUAL - Employer Information		
Employer AMERIND Risk Management Corporation	Employer's Phone Number	
P.O. Box or Street Address of Employer 502 Cedar Drive	City Santa Ana Pueblo	State NM
		Zip 87004
Title or Position held by reporting individual Chief Executive Officer	Nature of business or occupation Tribal Federal Corporation	
4. SPOUSE OF REPORTING INDIVIDUAL – 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 **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.

Income source (*see pg. 4):**Received by (list the name of the reporting individual or spouse):****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:

Describe the major areas of specialization or sources of income.**Received by (list the name of the reporting individual or spouse):**

Consulting

Derek Colin Valdo

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****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:

Name of business:**Position held:****General statement of business purpose:****Received by (list the name of the reporting individual or spouse):****10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE****Board Membership**

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):****11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s)**

Professional licenses held in New Mexico:

Type of license:**Individual holding license (list the name of the reporting individual or spouse):****12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE****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):

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: 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":

al 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]

ANNUAL DISCLOSURE STATEMENT

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

From: proxy, Christine Anaya
(Member, Proxy, Management, Employee)

Date: 10/21/2024

Re: CY 2024 Housing Tax Credit Program

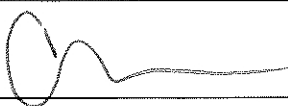
The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

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 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: Proxy, Christine Anaya
(Member, Proxy, Management, Employee)

Date: 10/21/2024

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 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.

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:

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: 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

If Employee Transaction, approximate value of the Transaction _____

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: 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

If Employee Transaction, approximate value of the Transaction _____

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: Howie C. Morales

DISCLOSURE STATEMENT-2024

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

From: Martina Cid-Bala
(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:
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 Martina Cid-Bala

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

If Employee Transaction, approximate value of the Transaction _____

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: 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

If Employee Transaction, approximate value of the Transaction _____
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: Martina Cordero

DISCLOSURE STATEMENT-2024

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

From: Manlio Belkian Wuyfong
(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:

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

NA

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 Wuyfong

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: _____

If Employee Transaction, approximate value of the Transaction _____

NA

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

④

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: _____

If Employee Transaction, approximate value of the Transaction _____
NA

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 Hospital

Signed: Rhue Wuyfong



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

1. REPORTING INDIVIDUAL – Contact Information

Please provide all information requested in the space below.

Last Name Wurzburger	First Name Rebecca	Middle Name
Residence Address XXXXXX	Email Address XXXXXX	
City XXXXXX	State XXXXXX	Zip XXXXXX
Mailing Address XXXXXX		
City XXXXXX	State XXXXXX	Zip XXXXXX

2. REPORTING INDIVIDUAL – Current Filing Status

Please check the appropriate box and fill in all requested information as it is applicable on today's date

Date assumed office (for current term):
or
Date of current appointment/ employment

Reporting individual	Office / Board or Commission / Agency Name	Date Assumed Office, Employed, or Appointed
Appointed To	MORTGAGE FINANCE AUTHORITY, NEW MEXICO	07/16/2022
Appointed To	NM MORTGAGE FINANCE AUTHORITY	07/16/2022

3. REPORTING INDIVIDUAL - Employer Information

4. SPOUSE OF REPORTING INDIVIDUAL – 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 **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.**

Income source (*see pg. 4):	Received by (list the name of the reporting individual or spouse):
PERA benefits, social security	Rebecca Wurzburger

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:			
Describe the major areas of specialization or sources of income.		Received by (list the name of the reporting individual or 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	
Rebecca Wurzbürger	Santa Fe	Personal Home	
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:			
Name of business:	Position held:	General statement of business purpose:	Received by (list the name of the reporting individual or spouse):
10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE Board Membership			
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):	
11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s)			
Professional licenses held in New Mexico:			
Type of license:		Individual holding license (list the name of the reporting individual or spouse):	
GB02		Rebecca Wurzbürger	
12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE 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):	
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: Rebecca Wurzburger	Date: 01/11/2024
Printed Name: Rebecca Wurzburger	

ANNUAL DISCLOSURE STATEMENT

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

From: Randy L. Traynor
(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.

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 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":

To the best of my belief, none.

Signed: Randy L. Traynor

ANNUAL DISCLOSURE STATEMENT

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

From: Randy L. Traynor
(Member, Proxy, Management, Employee)

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.

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 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":

To the best of my belief, none

Signed: Randy L. Traynor

ANNUAL DISCLOSURE STATEMENT

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 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 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: Julie Ann Meade

NOTE: Use additional sheets as necessary.

ANNUAL DISCLOSURE STATEMENT

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

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 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: Julie Ann Meade

NOTE: Use additional sheets as necessary.