

#### Mr. Angel Reyes, Chair

President, Centinel Bank in Toas 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 Raul 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

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Angel Reyes
rioiii.	(Member, Proxy, Management, Employee)
Date:	January 26, 2025
Re:	CY 2025 542 (C) Risk Sharing
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	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 the MFA. Inswer is "none", please write "none".
Name	of Business:
None	
If Emp	ployee Transaction, approximate value of the Transaction
domest uncle,	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. Inswer is "none", please write "none":
None	
Signed	Angel Reyes Date: 2025.01.26 18:38:32 -07'00'

Angel Reyes

NOTE: Use additional sheets as necessary.

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Angel Reyes.
110111.	(Member, Proxy, Management, Employee)
Date:	January 26, 2025
Re:	CY 2025 Housing Tax Credit Program
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New of 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 "none", please write "none".
Name	of Business:
None	
If Emp	oloyee Transaction, approximate value of the Transaction
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":
None	
Signed	Angel Reyes Digitally signed by Angel Reyes Date: 2025.01.26 18:36:27 -07'00'

Angel Reyes

NOTE: Use additional sheets as necessary.

### **DISCLOSURE STATEMENT-2025**

То:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
F	Angel Reyes
From:	(Member, Proxy, Management, Employee)
Date:	January 26, 2025
New N	ndersigned Member, Management or Employee states that he/she has read and understands the Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to st 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. If swer is "none", please write "none".
Name	of Business: Centinel Bank of Taos
If Emp	loyee Transaction, approximate value of the Transaction, if applicable:
None	
domes uncle,	llowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, stic 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 If the answer is "none", please write "none":
MFA Ap	oproved partner (Centinel Bank of Taos) Partners Program
Centine	el Bank of Taos purchased a loan participation from Main Bank in the principal amount of \$1,500,000, related
to Main	Bank's loan to MFA for its purchase of 7425 Jefferson St., NE, Albuquerque, NM. (May16, 2023)
Signed	Angel Reyes Date: 2025.01.26 18:46:02
	Angel Reyes 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

## 2025 Financial Disclosure Report

Please provide all information r		DIVIDUAL - Contact Infor	mation		
Last Name Reyes	First Name Angel			Name	
Residence Address XXXXXX	Email Addre	ss			
City XXXXXX	State XXXXXX		Zip XXXXXX	(	
Mailing Address					
City XXXXXX	State XXXXXX		Zip XXXXXX	(	
2. REPORTING  Please check the appropriate be applicable on today's date	INDIVIDUAL – Current Fi			ed office (for current term): or ent appointment/ employment	
Reporting individual	Office / Board	or Commission / Agency Name	Date Assur Employed,	ned Office, or Appointed	
Appointed To	MORTGAGE FIN	IANCE AUTHORITY, NEW	02/05/2020	1	
Appointed To	NM MORTGAGE	E FINANCE AUTHORITY	02/05/2020		
Appointed To	NM MORTGAGE	E FINANCE AUTHORITY	02/05/2020	02/05/2020	
	3. REPORTING IND	IVIDUAL - Employer Info	rmation		
Employer Centinel Bank of Taos		Employer's Phone Nu (575) 758-6700	mber		
P.O. Box or Street Address of Employer PO Box 818		<b>City</b> Taos	<b>State</b> NM	<b>Zip</b> 87571	
Title or Position held by reporting individual Chairman, President, CEO		Nature of business or Banking	occupation		
	4. SPOUSE OF REPORTIN	G INDIVIDUAL – Employe	er Information	1	

## 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. 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 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:		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 Reves 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 Individual providing goods or services (list the name of the provided: 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) Individual assisting client (list the name of the reporting State agency (other than a court): 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. Date: 01/27/2025 Signature: Angel Reyes

Printed Name: Angel Reyes

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

From: Derek C. Valdo

(Member, Proxy, Management, Employee)

Date: 01/16/2025

Re: CY 2025 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 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.

M

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

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

Date: 01/16/2025

Re: CY 2025 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

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:	Je S

NOTE: Use additional sheets as necessary.

answer is "none," please write "none."

То:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From: _	Derek C. Valdo
	(Member, Proxy, Management, Employee)
Date: _	01/1/2025
New Mex	rsigned Member, Management or Employee states that he/she has read and understands the ico Mortgage Finance Authority Code of Conduct and that the information provided below is, it of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.
defined ir	ving is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as the Code of Conduct) which are engaged or proposing to engage in a Transaction with MFA. wer is "none", please write "none".
AMERINI MFA may claims un AMERINE is present relations for future disclose a	Business: AMERIND Risk Management Corporation  Disk Risk insures certain single and multi-family properties for which MFA may hold or service the loan, and facilitate the payment of premium by the borrower or stand as loss payee or have similar rights or der those policies. The placement of these policies is a transaction between the buyer/borrower and Disk, and MFA is not involved in any way with the selection of insurance by the buyer/borrower. There the notion of interest related to these policies. Disclosure is made only to identify the nature of the hip between AMERIND Risk and MFA pursuant to those insurance contracts, and to identify the potential eclaims involving MFA and AMERIND. If any conflict should arise under these policies, I would again and recuse myself from any related Board action.  The Transaction, approximate value of the Transaction, if applicable:
spouse, d sister-in-la	ving is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., omestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or aw, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in nefit from. If the answer is "none", please write "none":
Signed:	JRS -

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

## 2025 Financial Disclosure Report

Last Name	First Name	Middle Name		
Valdo	Derek	Colin		
Residence Address	Email Address			
1804 Westdale Way NW	dvaldo@amerind.com			
City	State	Zip		
Albuquerque	NM	87114		
Mailing Address 1804 Westdale Way NW				
City	State	Zip		
Albuquerque	NM	87114		
Please check the appropriate bo applicable on today's date	x and fill in all requested information as it is  Office / Board or Commission / Agency	Date assumed office (for current term): or Date of current appointment/ employment  Date Assumed Office,		
Please check the appropriate bo applicable on today's date Reporting individual	x and fill in all requested information as it is  Office / Board or Commission / Agency Name	or Date of current appointment/ employment  Date Assumed Office, Employed, or Appointed		
Please check the appropriate bo applicable on today's date Reporting individual Appointed To	office / Board or Commission / Agency Name  NM MORTGAGE FINANCE AUTHORITY	or Date of current appointment/ employment  Date Assumed Office, Employed, or Appointed  02/05/2020		
Please check the appropriate bo applicable on today's date Reporting individual	x and fill in all requested information as it is  Office / Board or Commission / Agency Name	or Date of current appointment/ employment  Date Assumed Office, Employed, or Appointed  02/05/2020  01/01/2024		
Please check the appropriate bo applicable on today's date Reporting individual Appointed To	Office / Board or Commission / Agency Name NM MORTGAGE FINANCE AUTHORITY NM MORTGAGE FINANCE AUTHORITY 3. REPORTING INDIVIDUAL - Employer Info	or Date of current appointment/ employme  Date Assumed Office, Employed, or Appointed  02/05/2020  01/01/2024  rmation		
Please check the appropriate bo applicable on today's date Reporting individual  Appointed To  Appointed To	Office / Board or Commission / Agency Name NM MORTGAGE FINANCE AUTHORITY NM MORTGAGE FINANCE AUTHORITY 3. REPORTING INDIVIDUAL - Employer Info Employer's Phone Num (505) 404-5000	or Date of current appointment/ employme  Date Assumed Office, Employed, or Appointed  02/05/2020  01/01/2024  rmation		

# 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. You do not need to report the amount received.

If 'other', please include a brief description.

If 'other', please include a brief	descripti	on.			
Income source (*see pg. 4):			Received by (list the na spouse):	me o	f the reporting individual or
INSURANCE			Derek Colin Valdo		
	spouse is	involved in a law			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):		
7. REPORTING IND If the spouse or a person in the re registered lobbyist in the previous	porting p	erson's or spouse	2 1		
Client name & address:			Represented by: List the or spouse's firm	nam	e of the reporting individual's firm
8. REPORT Real estate owned in New Mexico			ORTING INDIVIDUAL'S SP ence):	ous	E – Real Estate
Owner		County		Gen	eral Description
9. REPORTIN Business Interests over \$10,000.00			TING INDIVIDUAL'S SPO erests in New Mexico of \$		
Name of business:	Position	held:	General statement of business purpose:		Received by (list the name of the reporting individual or spouse):
<b>10. F</b> Memberships held by reporting in		Board	& REPORTING INDIVIDU I Membership I boards of for-profit busin		
Name of business:			Board member (list the name of the reporting individual or spouse):		
11. REPORTING I Professional licenses held in New		JAL & REPORTIN	IG INDIVIDUAL'S SPOUS	E – Pr	rofessional License(s)
Type of license:			Individual holding license (list the name of the reporting individual or spouse):		
	Good	ds and/or Service	& REPORTING INDIVIDU es Provided to State Age use provided goods or serv	ncies	
State agency to which goods an provided:	d/or serv	vices were	Individual providing reporting individual o		ls or services (list the name of the ouse):

# 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: 01/16/2025
Printed Name: Derek Valdo	

10:	CHAIR AND EXECUTIVE DIRECTOR
From:	Howie C. Morales (Member, Proxy, Management, Employee)
Date:	1/16/2025
Re:	CY 2025 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 ler 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 in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. nswer is "none", please write "none".
Name o	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, unt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from nswer is "none", please write "none": None
Signed:	Homa C. Morala

NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)

To:

	CHAIR AND EXECUTIVE DIRECTOR
From:	Howie C. Morales (Member, Proxy, Management, Employee)
Date	January 16, 2025
Re:	CY 2025 542 (C) Risk Sharing
Mexic	ndersigned Member, Management or Employee states that he/she has read and understands the New to Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best the knowledge and belief, accurate and complete in all respects, as of the date hereof.
define	ollowing is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as ed in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. answer is "none", please write "none".
Name	of Business: None
If Em	ployee Transaction, approximate value of the Transaction None
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domes uncle,	ollowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, stic 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 answer is "none", please write "none": None
a.	· Odanica sa



# 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

## 2025 Financial Disclosure Report

Please provide all information	First Name	Middle Necre
Last Name Morales	First Name Howie	Middle Name
Residence Address	Email Address	
XXXXXXX	XXXXXX	
City	State	Zip
XXXXXX	XXXXXX	XXXXXX
Mailing Address XXXXXX		
City	State	Zip
XXXXXX	XXXXXX	XXXXXX
	GINDIVIDUAL – Current Filing Status	Date assumed office (for current term):
2. REPORTING	oox and fill in all requested information as it is	Date assumed office (for current term): or Date of current appointment/ employm
2. REPORTING Please check the appropriate b	•	or Date of current appointment/ employm
2. REPORTING Please check the appropriate be applicable on today's date	oox and fill in all requested information as it is  Office / Board or Commission / Ag	or Date of current appointment/ employmency  Date Assumed Office,
2. REPORTING Please check the appropriate to applicable on today's date Reporting individual	Office / Board or Commission / Ag	or Date of current appointment/ employmency  Date Assumed Office, Employed, or Appointed  01/01/2019
2. REPORTING Please check the appropriate be applicable on today's date Reporting individual	Office / Board or Commission / Ag Name Lieutenant Governor, 3. REPORTING INDIVIDUAL - Employer	or Date of current appointment/ employmency  Date Assumed Office, Employed, or Appointed  01/01/2019  Information
2. REPORTING Please check the appropriate to applicable on today's date Reporting individual Incumbent Employer	Office / Board or Commission / Ag Name Lieutenant Governor,  3. REPORTING INDIVIDUAL - Employee ernor's Office	or Date of current appointment/ employmency  Date Assumed Office, Employed, or Appointed  01/01/2019  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. You do not need to report the amount received.

If 'other', please include a brief description.

If 'other', please include a brief	descripti	on.			
Income source (*see pg. 4):			Received by (list the name of the reporting individual or spouse):		
GOVERNMENT			Howie C Morales		
	spouse is	involved in a law			eas of Specialization or similar business, please include the
Describe the major areas of specialization or sources of income.			Received by (list the na spouse):	me o	f the reporting individual or
7. REPORTING IND If the spouse or a person in the re registered lobbyist in the previous	porting p	erson's or spouse	2 1		
Client name & address:			Represented by: List the or spouse's firm	nam	e of the reporting individual's firm
8. REPORT Real estate owned in New Mexico			ORTING INDIVIDUAL'S SP ence):	ous	E – Real Estate
Owner		County		Gen	eral Description
9. REPORTIN Business Interests over \$10,000.00			TING INDIVIDUAL'S SPO erests in New Mexico of \$		
Name of business: Position held:		held:	General statement of business purpose:		Received by (list the name of the reporting individual or spouse):
<b>10. F</b> Memberships held by reporting in		Board	& REPORTING INDIVIDU I Membership I boards of for-profit busin		
Name of business:			Board member (list the name of the reporting individual or spouse):		
11. REPORTING I Professional licenses held in New		JAL & REPORTIN	IG INDIVIDUAL'S SPOUS	E – Pr	rofessional License(s)
Type of license:		Individual holding license (list the name of the reporting individual or spouse):			
	Good	ds and/or Service	& REPORTING INDIVIDU es Provided to State Age use provided goods or serv	ncies	
State agency to which goods and/or services were provided:		vices were	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: Admin on behalf of Martina C d	Date: 01/30/2025
Printed Name: Howie Morales	

10:	CHAIR AND EXECUTIVE DIRECTOR
From:	Martina C'de Baca
	(Member, Proxy, Management, Employee)
Date:	1/16/2025
Re;	CY 2025 Housing Tax Credit Program
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New of 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 "none", please write "none".
Name	of Business: None
If Emp	loyee Transaction, approximate value of the Transaction None
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 aswer is "none", please write "none": None
Cionad.	Marhie Carret

То:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Martina C'de Baca (Member, Proxy, Management, Employee)
Date	January 16, 2025
Re:	CY 2025 542 (C) Risk Sharing
Mexic of his	ndersigned Member, Management or Employee states that he/she has read and understands the New co 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.
define	ollowing is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as ed in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. answer is "none", please write "none".
Name	of Business: None
If Em	ployee Transaction, approximate value of the Transaction None
uncle,	ellowing 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 answer is "none", please write "none": None
Signad	Alahin Cara

То:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Member, Laura M. Montaya, NM State Treasurer (Member, Proxy, Management, Employee)
Date:	Jan 5,005
Re:	CY 2025 Housing Tax Credit Program
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New of 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 "none", please write "none".
Name	of Business: Nove Knowing
	•
If Emp	ployee Transaction, approximate value of the Transaction NA
domest uncle, a If the a	llowing 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. I have over 80 cousins. Thave over 80 cousins. Thave dea write "none": I have over 80 cousins. Thave dea white pusiness. None that I make of
Signe	2mmalt

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Member, Lawa M. Montoya, NM State Treasurer (Member, Proxy, Management, Employee)
Date:	Janus 5,12005
Re:	CY 2025 542 (C) Risk Sharing
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	llowing is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. Inswer is "none", please write "none".
Name	of Business: None Knowing
	0
If Emp	ployee Transaction, approximate value of the Transaction \( \frac{\sqrt{\text{\tin}\text{\tex{\tex
domest uncle, a If the 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": The following the participate of the partic
Signed	mmay



# 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

## 2025 Financial Disclosure Report

Last Name	First Name		Middle N	ame
Montoya	Laura		M	
Residence Address	Email Addres	is		
XXXXXX	XXXXXX			
City	State		Zip	
XXXXXX	XXXXXX		XXXXXX	
Mailing Address XXXXXX				
City	State		Zip	
XXXXXX	XXXXXX		XXXXXX	
2. REPORTIN	IG INDIVIDUAL – Current Fil	ling Status	Date assumed	office (for current term): or
Please check the appropriate applicable on today's date Reporting individual	box and fill in all requested in			or t appointment/ employment d Office,
Please check the appropriate applicable on today's date	box and fill in all requested in	nformation as it is	Date of curren	or t appointment/ employment d Office,
Please check the appropriate applicable on today's date Reporting individual	box and fill in all requested in	nformation as it is	Date of curren  Date Assume Employed, or	or t appointment/ employment d Office,
Please check the appropriate applicable on today's date Reporting individual Candidate	Office / Board of State Treasurer, State Treasurer,	nformation as it is	Date of curren  Date Assume Employed, or  N/A  01/01/2023	or t appointment/ employment d Office,
Please check the appropriate applicable on today's date Reporting individual Candidate	Office / Board of State Treasurer, State Treasurer,	or Commission / Agency Name	Date of curren  Date Assume Employed, or  N/A  01/01/2023	or t appointment/ employment d Office,
Please check the appropriate applicable on today's date  Reporting individual  Candidate  Incumbent  Employer	Office / Board of State Treasurer, State Treasurer, State Treasurer, 3. REPORTING INDI	or Commission / Agency Name	Date of curren  Date Assume Employed, or  N/A  01/01/2023	or t appointment/ employment d 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 <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. You do not need to report the amount received.

If 'other', please include a brief description.

If 'other', please include a brief	descripti	on.			
Income source (*see pg. 4):			Received by (list the na spouse):	me o	f the reporting individual or
GOVERNMENT			Laura Montoya		
	spouse is	involved in a law			eas of Specialization or similar business, please include the
Describe the major areas of specincome.	cializatio	n or sources of	Received by (list the na spouse):	me o	f the reporting individual or
7. REPORTING INDI If the spouse or a person in the re registered lobbyist in the previous	porting p	erson's or spouse	2 1		, ,
Client name & address:			Represented by: List the or spouse's firm	nam	e of the reporting individual's firm
8. REPORT Real estate owned in New Mexico			PRTING INDIVIDUAL'S SP ence):	ous	E – Real Estate
Owner		County		Gen	eral Description
9. REPORTIN Business Interests over \$10,000.00			TING INDIVIDUAL'S SPO erests in New Mexico of \$		
Name of business:	Position	held:	General statement of business purpose:		Received by (list the name of the reporting individual or spouse):
<b>10. R</b> Memberships held by reporting in		Board	& REPORTING INDIVIDU I Membership I boards of for-profit busin		
Name of business:			Board member (list the spouse):	name	of the reporting individual or
11. REPORTING I Professional licenses held in New		JAL & REPORTIN	IG INDIVIDUAL'S SPOUS	E – Pr	rofessional License(s)
Type of license:			Individual holding licensindividual or spouse):	se (lis	st the name of the reporting
	Good	ds and/or Service	& REPORTING INDIVIDU es Provided to State Age use provided goods or serv	ncies	
State agency to which goods an provided:	d/or serv	vices were	Individual providing reporting individual o		s or services (list the name of the ouse):

## 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)

	Individual assisting client (list the name of the reporting individual or spouse):
TREASURER, STATE	Laura Montoya

#### 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:

I am on 13 boards, councils and commissions per statue statute obligations.

\*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.

Ì	Signature: Laura M. Montoya	Date: 01/06/2025
	Printed Name: Laura Montoya	

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Droxy Unistine Anaya (Member, Proxy, Management, Employee)
Date:	12/16/2024
Re:	CY 2025 542 (C) Risk Sharing
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	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. Inswer is "none", please write "none".
Name	of Business: None
If Emp	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. Inswer is "none", please write "none":
Signed	

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)

CHAIR AND EXECUTIVE DIRECTOR
From: Droxy Christine Ahaya (Member, Proxy, Management, Employee)
Date: 12/16/2024
Re: CY 2025 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":
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

## 2025 Financial Disclosure Report

1 Please provide all information requeste	. REPORTING INDI		Inform	nation	
Last Name Torrez	First Name Raúl			Middle N	lame
Residence Address	Email Address	5			
City XXXXXX	State XXXXXX			<b>Zip</b> XXXXXX	
Mailing Address					
City XXXXXX	State XXXXXX			Zip XXXXXX	
2. REPORTING INDIVID	DUAL – Current Fili	ng Status		Date assumed	office (for current term):
Please check the appropriate box and fi applicable on today's date	ll in all requested in	formation as it is		Date of curren	nt appointment/ employment
Reporting individual	Office / Board o	r Commission / A Name	gency	Date Assume Employed, o	-
Candidate	Attorney General,	,		N/A	
Incumbent	Attorney General,	,		01/01/2023	
Appointed To	MORTGAGE FINA MEXICO	NCE AUTHORITY, I	NEW	01/01/2023	
3.	REPORTING INDIV	VIDUAL - Employe	er Infor	mation	
Employer State of New Mexico		Employer's Pho	ne Nun	nber	
P.O. Box or Street Address of Employ 407 Galisteo St.	er	<b>City</b> Santa Fe		State NM	<b>Zip</b> 87501
Title or Position held by reporting inc Attorney General	dividual	Nature of busin Attorney	ess or c	occupation	
4. SPOU	ISE OF REPORTING	i INDIVIDUAL – En	nploye	Information	
	First Name Nasha		Middle	e	
Name of Spouse's Employer University of New Mexico					

Name of business:			Board member spouse):	(list the nam	ne of the reporting individual or
10. R  Memberships held by reporting in		Board	& REPORTING II I Membership boards of for-pr		
Name of business:	Position		General statemo	se:	Received by (list the name of the reporting individual or spouse):
9. REPORTIN Business Interests over \$10,000.00	List any o	other business int			- Other Business 00 or more in the space provided:
Owner		County		Ge	neral Description
8. REPORT Real estate owned in New Mexico			ORTING INDIVID ence):	UAL'S SPOU	SE – Real Estate
Client name & address:			Represented by or spouse's firm		ne of the reporting individual's firm
7. REPORTING INDI If the spouse or a person in the re registered lobbyist in the previous	porting pe	erson's or spouse	's law firm, consu		sulting and/or Lobbying on or similar business is or was a
Describe the major areas of specincome.	cialization	or sources of	Received by (li spouse):	st the name	of the reporting individual or
	spouse is	involved in a law	practice, consult		reas of Specialization n or similar business, please include the
GOVERNMENT			Raúl Torrez		
GOVERNMENT			spouse): Nasha Torrez		
Income source (*see pg. 4):				st the name	of the reporting individual or
In the space provided below, indic person covered by this disclosure, Please note: Only the source(s) of If 'other', please include a brief of	i.e., repor	ting individual or eed to be reporte	their spouse or i	ndicate not a	
5. REPORTING		Sources of Gross	ING INDIVIDUA Income over \$5 all sources, see p	,000.00*	- Income Source(s)
Spouse's title or position held Dean of Students				Nature of b Academics	ousiness or occupation
<b>City</b> Albuquerque	State NM	•		<b>Zip</b> 87131	
Address of Spouse's Employer University of New Mexico, MSC 06	53830, 1 L	Jniversity of New	Mexico		

### 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): Nasha Torrez State Bar of New Mexico - Law License State Bar of New Mexico - Law License Raúl Torrez 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 vear: State agency to which goods and/or services were Individual providing goods or services (list the name of the provided: 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) Individual assisting client (list the name of the reporting State agency (other than a court): 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. Date: 01/30/2025 Signature: Raúl Torrez

Printed Name: Raúl Torrez

10:	CHAIR AND EXECUTIVE DIRECTOR
From:	Member, Proxy, Management, Employee)
Date:	January 6, 2025
Re:	CY 2025 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 ser 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 in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA.  Inswer is "none", please write "none".
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 newer is "none", please write "none":
Signed:	Juli a Muado

10:	CHAIR AND EXECUTIVE DIRECTOR
From:	(Member, Proxy, Management, Employee)
Date:	Manuary 6, 2025
Re:	CY 2025 542 (C) Risk Sharing
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	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 "none", please write "none".
Name	of Business: None
If Emp	ployee Transaction, approximate value of the Transaction
domest	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. Inswer is "none", please write "none":
Signed	Julie a Meade

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	(Member, Proxy, Management, Employee)
Date:	1/11/25
Re:	CY 2025 542 (C) Risk Sharing
Mexic	ndersigned 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.
define	ollowing 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 the MFA. answer is "none", please write "none".
Name	of Business: I have been the registered lobby ist
33	ember of the Assituent Association of New exists Crovernment Affeirs Committee.
If Em	ployee Transaction, approximate value of the Transaction_ No Ne
dome uncle	bllowing is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, stic 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 answer is "none", please write "none":
_	

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR	
From:	(Member, Proxy, Management, Employee)	
Date:	1/11/25	
Re:	CY 2025 Housing Tax Credit Program	
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New of 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 d in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA.  unswer is "none", please write "none".	
Name	of Business: I have been the recistered labbyist	
V.	exico since 2005, and currently serve as a conventing member of the Apartment Association Men Maxico, Government Affairs Committee	س
-	(4c)	
If Em	ployee Transaction, approximate value of the Transaction_Nowe	
If Emp	ployee Transaction, approximate value of the Transaction_Nowe	
If Emp	ployee Transaction, approximate value of the Transaction_Nowe	
The fo	ployee Transaction, approximate value of the Transaction No. 100 No. 1	
The fo	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	
The fo	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	
The fo	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	



# 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

## 2025 Financial Disclosure Report

Please provide all information rec		DIVIDUAL – Contact	t Inform	ation	
Last Name Traynor	First Name Randy			Middle Nam	ne
Residence Address XXXXXX	Email Addre	ss			
City XXXXXX	State XXXXXX			Zip XXXXXX	
Mailing Address XXXXXX					
City XXXXXXX	State XXXXXX			<b>Zip</b> XXXXXX	
2. REPORTING IN	IDIVIDUAL - Current Fi				fice (for current term): or ppointment/ employment
applicable on today's date	and iii iii ali requested	IIIIOIIIIatioii as it is		Date of current a	ppointment/ employment
Reporting individual	Office / Board	or Commission / A Name	gency	Date Assumed ( Employed, or A	
Appointed To	MORTGAGE FIN	IANCE AUTHORITY,	NEW	07/22/2024	
	3. REPORTING IND	DIVIDUAL - Employe	er Inforr	nation	
Employer Traynor Associates, LLC		Employer's Pho (505) 238-1032	ne Num	ber	
P.O. Box or Street Address of En 12907 Calle De Sandias NE	mployer	<b>City</b> Albuquerque		State NM	<b>Zip</b> 87111
Title or Position held by reporti Owner	ng individual	Nature of busin Contract Lobbyin		ccupation	
4.	SPOUSE OF REPORTIN	IG INDIVIDUAL – Er	mployer	Information	
<b>Last Name</b> Maestas-Traynor	First Name Debbie		Middle A.	)	
Name of Spouse's Employer Maestas Consulting, LLC					
Address of Spouse's Employer 12907 Calle De Sandias NE					
<b>City</b> Albuquerque	State NM		<b>Zip</b> 87111		

## Spouse's title or position held Owner Nature of business or occupation Contract Lobbying

## 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. 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 spouse):
Contract Lobbying	Randy L Traynor

#### 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	Received by (list the name of the reporting individual or
income.	spouse):
Contract Lobbying	Debbie A. Maestas-Traynor

### 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
Apartment Association of New Mexico 6755 Academy Rd NE, Ste B, Albuquerque, NM 87109	Traynor Associates, LLC
Examination Board of Professional Home Inspectors 325 John Knox Rd, Ste L103, Tallahassee, FL 32303	Traynor Associates, LLC
New Mexico Academy of Nutrition and Dietetics PO Box 15787, Santa Fe, NM 87592	Maestas Consulting, LLC
New Mexico Academy of Nutrition and Dietetics PO Box 15787, Santa Fe, NM 87592	Traynor Associates, LLC
New Mexico Academy of Ophthalmologist PO Box 4175, Albuquerque, NM 87196	Maestas Consulting, LLC
New Mexico Automotive Dealers Association 3815 Hawkins NE, Albuquerque, NM 87109	Traynor Associates, LLC
New Mexico Dental Hygienist Association PO Box 40474, Albuquerque, NM 87196	Maestas Consulting, LLC
New Mexico Dental Hygienist Association PO Box 40474, Albuquerque, NM 87196	Traynor Assocites, LLC
New Mexico Home Builders Association 5931 Office Blvd NE, Ste 1, Albuquerque, NM 87109	Traynor Associates, LLC
Pharmaceutical Research and Manufacturers of America 670 Maine Ave SW, Ste 1000, Washington, DC 20024	Maestas Consulting, LLC
Recreational Vehicle Industry Association 2465 J-17 Centerville Rd #801, Herndon, VA 20171	Traynor Associates, LLC

Reset 1200 17th St NW, Ste 1200, Wash	ington, DC 87		Fraynor Assocites, LLC		
Self-Storage Association 1001 N. Fairfax St, Ste 505, Alexan	dria, VA 22314		Maestas Consulting, LLC		
Self-Storage Association		1	Fraynor Associates, LLC		
1001 N. Fairfax St, Ste 505, Alexan			TING INDIVIDUAL'S SP	OUCE	Deal Fatata
Real estate owned in New Mexico				ZOUSE	: – Keai Estate
Owner	Cou	unty		Gene	eral Description
9. REPORTIN Business Interests over \$10,000.00			ING INDIVIDUAL'S SPO rests in New Mexico of \$		
Name of business:	Position held		General statement of ousiness purpose:		Received by (list the name of the reporting individual or spouse):
10. F Memberships held by reporting in		Board I	REPORTING INDIVIDU Membership boards of for-profit busin		
Name of business:		В	<u> </u>		of the reporting individual or
11. REPORTING Professional licenses held in New		& REPORTING	INDIVIDUAL'S SPOUS	E – Pro	ofessional License(s)
Type of license:			ndividual holding licen: ndividual or spouse):	se (lis	t the name of the reporting
12. I			REPORTING INDIVIDU		SPOUSE
State agencies to which the report calendar year:			Provided to State Age e provided goods or serv		o in excess of \$5,000 during the prior
State agency to which goods an provided:	d/or services	were	Individual providing reporting individual o	_	s or services (list the name of the use):
13. I	REPORTING II		REPORTING INDIVIDU	IAL'S	SPOUSE
List each state agency before whice courts)	h you or your	_	ey Representation rented or assisted a client	t durin	g the past year: (do not include
State agency (other than a cour	rt):		Individual assisting cli individual or spouse):		ist the name of the reporting
14. REPORTING	INDIVIDUAL	& REPORTIN	G INDIVIDUAL'S SPOUS	SE – G	eneral Information
Provide other financial interest or should be disclosed, or (as applica					cribe potential areas of interest that I by your official acts:
	nedicine and hea narket holdings,	alth care, insuran bonds, governm	ce (as a business and not as ent, education, manufacturin	a payn ng, real	
I hereby swear or affirm un the best of my knowledge.	der penalty o	of perjury tha	t the foregoing inform	ation	is true, correct and complete to
Signature: Randy L. Traynor			Date: 01/03/2025		

Printed Name: Randy Traynor	

### ANNUAL DISCLOSURE STATEMENT

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From: Proxy, Management, Employee)
Date: Dec. 24, 2024
Re: CY 2025 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 b 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
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":
None
Signed: Celeber Duysuy
0 0



# 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

### 2025 Financial Disclosure Report

Please provide all information	1. REPORTING INDIVIDUAL requested in the space below.	- Contact Inform	nation
Last Name	First Name		Middle Name
Wurzburger	Rebecca		
Residence Address XXXXXX	Email Address XXXXXX		
City XXXXXX	State XXXXXX		Zip XXXXXX
Mailing Address			
City XXXXXXX	State XXXXXX		Zip XXXXXX
	INDIVIDUAL – Current Filing State ox and fill in all requested information		Date assumed office (for current term): or Date of current appointment/ employment
Reporting individual	Office / Board or Comm Name	ission / Agency	Date Assumed Office, Employed, or Appointed
Appointed To	MORTGAGE FINANCE AU MEXICO	THORITY, NEW	07/16/2022
Appointed To	NM MORTGAGE FINANCI	EAUTHORITY	07/16/2022
	3. REPORTING INDIVIDUAL	- Employer Infor	mation
	4. SPOUSE OF REPORTING INDIVI	DUAL – Employer	Information
	Sources of Gross Incom *For the list of all sou	ne over \$5,000.00 rces, see page 4.	)*
	naicate <b>all</b> sources of gross income our ure, i.e., reporting individual or their s		00 during the prior calendar year to each not applicable.
Please note: Only the source(s)  If 'other', please include a bri	of income need to be reported. You ief description.	do not need to r	report the amount received.
Income source (*see pg. 4):	Rece spou	• .	ame of the reporting individual or
	G INDIVIDUAL & REPORTING INDI eir spouse is involved in a law praction		E - Areas of Specialization ration 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 Received by (list the name of the reporting individual or 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 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 Received by (list the name of the business purpose: 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: Individual holding license (list the name of the reporting Type of license: 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 Individual providing goods or services (list the name of the provided: 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) Individual assisting client (list the name of the reporting State agency (other than a court): 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

\*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.

should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:

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: 01/15/2025
Printed Name: Rebecca Wurzburger	

### ANNUAL DISCLOSURE STATEMENT

To:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Isidoro Hernander
	(Member, Proxy, Management, Employee)
Date:	12/16/24
Re:	CY 2025 542 (C) Risk Sharing
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New of Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best ner 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. Inswer is "none", please write "none".
Name	of Business:
If Emp	oloyee 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 "none", please write "none":
Sioned:	Financles

### ANNUAL DISCLOSURE STATEMENT

10:	CHAIR AND EXECUTIVE DIRECTOR
From:	Isidon Hirander
	(Member, Proxy, Management, Employee)
Date:	12/16/24
Re:	CY 2025 Housing Tax Credit Program
Mexico	dersigned Member, Management or Employee states that he/she has read and understands the New of 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 d in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. Inswer is "none", please write "none".
Name	of Business: -NONE-
-	
If Emp	ployee Transaction, approximate value of the Transaction - NON E -
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. Inswer is "none", please write "none":
Signed:	Amanda



# 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

## 2025 Financial Disclosure Report

Last Name Hernandez	First Name Isidoro	Middle Name
Residence Address	Email Address	
XXXXXX	XXXXXX	
City XXXXXX	State XXXXXX	Zip XXXXXX
Mailing Address XXXXXX		
City XXXXXX	State XXXXXX	Zip XXXXXX
	G INDIVIDUAL – Current Filing Status box and fill in all requested information as it is	Date assumed office (for current term): or Date of current appointment/ employment
Please check the appropriate I	•	or Date of current appointment/ employment
Please check the appropriate l applicable on today's date	box and fill in all requested information as it is  Office / Board or Commission / Agency	or Date of current appointment/ employment  Date Assumed Office,
Please check the appropriate lapplicable on today's date  Reporting individual	Office / Board or Commission / Agency Name  MORTGAGE FINANCE AUTHORITY, NEW	or Date of current appointment/ employment  Date Assumed Office, Employed, or Appointed  01/01/2025
Please check the appropriate lapplicable on today's date  Reporting individual	Office / Board or Commission / Agency Name  MORTGAGE FINANCE AUTHORITY, NEW MEXICO  3. REPORTING INDIVIDUAL - Employer Info Employer's Phone No.	or Date of current appointment/ employment  Date Assumed Office, Employed, or Appointed  01/01/2025
Please check the appropriate I applicable on today's date Reporting individual Employee of	Office / Board or Commission / Agency Name  MORTGAGE FINANCE AUTHORITY, NEW MEXICO  3. REPORTING INDIVIDUAL - Employer Information as it is  Employer's Phone Number of Superior Phone Phone Number of Superior Phone Number	or Date of current appointment/ employment  Date Assumed Office, Employed, or Appointed  01/01/2025

## 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. You do not need to report the amount received.

If 'other', please include a brief description.

If 'other', please include a b	ief de	escripti	on.				
Income source (*see pg. 4):				Received by (list the name of the reporting individual or spouse):			
Housing Finance				Isidoro Hernandez			
	neir sp	pouse is	involved in a law			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):			
	e repo	orting p	erson's or spouse			ulting and/or Lobbying n or similar business is or was a	
Client name & address:				Represented by: List the name of the reporting individual's firm or spouse's firm			
8. REP Real estate owned in New Me				DRTING INDIVIDUAL'S SP ence):	ous	E – Real Estate	
Owner			County		General Description		
Isidoro Hernandez			Valencia		Primary Residence		
Melinda Hernandez			Valencia		Primary Residence		
				TING INDIVIDUAL'S SPO terests in New Mexico of \$		Other Business O or more in the space provided:	
Name of business:	P	Position held:		General statement of business purpose:		Received by (list the name of the reporting individual or spouse):	
Memberships held by reportir			Board	& REPORTING INDIVIDU I Membership I boards of for-profit busin			
Name of business:				Board member (list the name of the reporting individual or spouse):			
Behavioral Health Purchasing Collaborative				Isidoro Hernandez			
Colonia's Infrastructure Board				Isidoro Hernandez			
NM NAHRO National Association of Housing Redevelopment Official				Isidoro Hernandez			
Opportunity Interprise and Housing Review Board				Isidoro Hernandez			

### 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 Individual providing goods or services (list the name of the reporting individual or spouse): provided: 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) Individual assisting client (list the name of the reporting State agency (other than a court): 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: Isidoro Hernandez Date: 01/17/2025

Printed Name: Isidoro Hernandez