



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

ANNUAL DISCLOSURE STATEMENT

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

From: **Angel Reyes**

(Member, Proxy, Management, Employee)

Date: **January 26, 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 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": _____

None

Signed: **Angel Reyes** Digitally signed by Angel Reyes
Date: 2025.01.26 18:38:32
-07'00'

Angel Reyes

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 26, 2025

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 _____

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: 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

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

Angel Reyes

From: (Member, Proxy, Management, Employee)

January 26, 2025

Date:

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

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

Name of Business: Centinel Bank of Taos

Blank lines for listing businesses.

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":

MFA Approved partner (Centinel Bank of Taos) Partners Program

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

Signed: Angel Reyes Digitally signed by Angel Reyes Date: 2025.01.26 18:46:02 -07'00'

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

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 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	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		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):

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:

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 Reyes	Date: 01/27/2025
Printed Name: Angel Reyes	

ANNUAL DISCLOSURE STATEMENT

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.

ANNUAL DISCLOSURE STATEMENT

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

None

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



Signed: _____

NOTE: Use additional sheets as necessary.

ANNUAL DISCLOSURE STATEMENT

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

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

Date: 01/1/2025

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.



**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. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Valdo	First Name Derek	Middle Name Colin	
Residence Address 1804 Westdale Way NW		Email Address dvaldo@amerind.com	
City Albuquerque	State NM	Zip 87114	
Mailing Address 1804 Westdale Way NW			
City Albuquerque	State NM	Zip 87114	
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 (505) 404-5000	
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):
INSURANCE	Derek Colin Valdo

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
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8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate

Real estate owned in New Mexico (other than personal residence):

Owner	County	General Description
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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):
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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):
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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:

***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

ANNUAL DISCLOSURE STATEMENT

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

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

Date: 1/16/2025

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": 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: January 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 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



**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. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Morales	First Name Howie	Middle Name C	
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	
Incumbent	Lieutenant Governor,	01/01/2019	
3. REPORTING INDIVIDUAL - Employer Information			
Employer State of New Mexico - Lt. Governor's Office		Employer's Phone Number	
P.O. Box or Street Address of Employer 490 Old Santa Fe Trl Ste 417		City Santa Fe	State NM
		Zip 87501	
Title or Position held by reporting individual Lt. Governor		Nature of business or occupation Government	
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):
GOVERNMENT	Howie C Morales

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):
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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
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8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate

Real estate owned in New Mexico (other than personal residence):

Owner	County	General Description
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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):
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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):
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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:

**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

ANNUAL DISCLOSURE STATEMENT

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

From: Martina C' de Baca
(Member, Proxy, Management, Employee)

Date: 1/16/2025

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": None

Signed: Martina C' de Baca

ANNUAL DISCLOSURE STATEMENT

To: **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

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 C'de Baca

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: Jan 5, 2025

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 Knowing

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

Signed: Immauliz

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: January 5, 2005

Re: 2025 542 (C) Risk Sharing

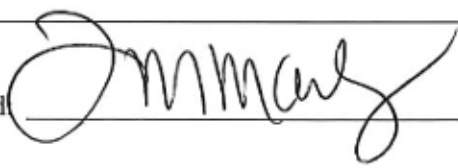
The undersigned Member, Management or Employee states that he/she has read and understands the New Mexico Mortgage Finance Authority Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

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 the MFA. If the answer is "none", please write "none".

Name of Business: None knowing

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

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. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Montoya	First Name Laura	Middle Name M	
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
Candidate	State Treasurer,		N/A
Incumbent	State Treasurer,		01/01/2023
3. REPORTING INDIVIDUAL - Employer Information			
Employer State of New Mexico		Employer's Phone Number (505) 955-1120	
P.O. Box or Street Address of Employer 2055 S. Pacheco St.		City Santa Fe	State NM
		Zip 87505	
Title or Position held by reporting individual State Treasurer		Nature of business or occupation State Treasurer's Office	
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):
GOVERNMENT	Laura Montoya

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):
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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
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8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate

Real estate owned in New Mexico (other than personal residence):

Owner	County	General Description
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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):
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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):
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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):
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 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.

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

ANNUAL DISCLOSURE STATEMENT

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

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

Date: 12/16/2024

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 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: 

ANNUAL DISCLOSURE STATEMENT

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

From: Proxy, Christine Anaya
(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": 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. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Torrez	First Name Raúl	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			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	
Candidate	Attorney General,	N/A	
Incumbent	Attorney General,	01/01/2023	
Appointed To	MORTGAGE FINANCE AUTHORITY, NEW MEXICO	01/01/2023	
3. REPORTING INDIVIDUAL - Employer Information			
Employer State of New Mexico		Employer's Phone Number	
P.O. Box or Street Address of Employer 407 Galisteo St.		City Santa Fe	State NM
		Zip 87501	
Title or Position held by reporting individual Attorney General		Nature of business or occupation Attorney	
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information			
Last Name Torrez	First Name Nasha	Middle	
Name of Spouse's Employer University of New Mexico			

Address of Spouse's Employer
 University of New Mexico, MSC 063830, 1 University of New Mexico

City Albuquerque	State NM	Zip 87131
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Spouse's title or position held Dean of Students	Nature of business or occupation Academics
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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):
GOVERNMENT	Nasha Torrez
GOVERNMENT	Raúl Torrez

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

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):
State Bar of New Mexico - Law License	Nasha Torrez
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 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):
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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: Raúl Torrez	Date: 01/30/2025
Printed Name: Raúl Torrez	

ANNUAL DISCLOSURE STATEMENT

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

From: Julie Ann Meade, Proxy
(Member, Proxy, Management, Employee)

Date: January 6, 2025

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": None

Signed: Julie Ann Meade

ANNUAL DISCLOSURE STATEMENT

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

From: Julie Ann Meade
(Member, Proxy, Management, Employee)

Date: January 6, 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 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 A. Meade

ANNUAL DISCLOSURE STATEMENT

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

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

Date: 1/11/25

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 the MFA. If the answer is "none", please write "none".

Name of Business: I have been the registered lobbyist for the Apartment Association of New Mexico since 2005, and currently serve as non-voting member of the Apartment Association of New Mexico's Government Affairs Committee.

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: 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: 1/11/25

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: I have been the registered lobbyist for the Apartment Association of New Mexico since 2005, and currently serve as a non-voting member of the Apartment Association of New Mexico's Government Affairs Committee.

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: Randy L. Traynor



**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. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Traynor	First Name Randy	Middle Name L	
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	MORTGAGE FINANCE AUTHORITY, NEW MEXICO	07/22/2024	
3. REPORTING INDIVIDUAL - Employer Information			
Employer Traynor Associates, LLC		Employer's Phone Number (505) 238-1032	
P.O. Box or Street Address of Employer 12907 Calle De Sandias NE		City Albuquerque	State NM
		Zip 87111	
Title or Position held by reporting individual Owner		Nature of business or occupation Contract Lobbying	
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information			
Last Name 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			
City Albuquerque	State NM	Zip 87111	

Spouse's title or position held Owner	Nature of business or occupation Contract Lobbying
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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):
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 income.	Received by (list the name of the reporting individual or 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 Associates, 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, Washington, DC 87109	Traynor Assocites, LLC
Self-Storage Association 1001 N. Fairfax St, Ste 505, Alexandria, VA 22314	Maestas Consulting, LLC
Self-Storage Association 1001 N. Fairfax St, Ste 505, Alexandria, VA 22314	Traynor Associates, LLC

8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate

Real estate owned in New Mexico (other than personal residence):

Owner	County	General Description
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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):
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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):
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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):
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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: Randy L. Traynor	Date: 01/03/2025
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Printed Name: Randy Traynor	
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ANNUAL DISCLOSURE STATEMENT

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

From: Rebecca Washinger
B.D. (Member, 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 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
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":

None

Signed: Rebecca Washinger



**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. 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		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	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. <u>You do not need to report the amount received. If 'other', please include a brief description.</u>		
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):
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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
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8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate

Real estate owned in New Mexico (other than personal residence):

Owner	County	General Description
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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):
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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):
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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):
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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: 01/15/2025
Printed Name: Rebecca Wurzburger	

ANNUAL DISCLOSURE STATEMENT

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

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

Date: 12/16/24

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 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: Isidoro Hernandez

ANNUAL DISCLOSURE STATEMENT

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

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

Date: 12/16/24

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": - NONE -

Signed: Isidoro Hernandez



**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. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Hernandez	First Name Isidoro	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			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	
Employee of	MORTGAGE FINANCE AUTHORITY, NEW MEXICO	01/01/2025	
3. REPORTING INDIVIDUAL - Employer Information			
Employer Housing NM Mortgage Finance Authority		Employer's Phone Number (505) 843-6880	
P.O. Box or Street Address of Employer 7425 Jefferson St. NE		City Albuquerque	State NM
		Zip 87109	
Title or Position held by reporting individual Executive Director/CEO		Nature of business or occupation Housing	
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):
Housing Finance	Isidoro Hernandez

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
Isidoro Hernandez	Valencia	Primary Residence
Melinda Hernandez	Valencia	Primary Residence

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):
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):
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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:

***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	