

Mr. Angel Reyes, Chair

President, Centinel Bank in Toas 512 Paseo del Pueblo Sur Taos, NM 87571

Phone: (575) 758-6770 <u>areyes@centinelbank.com</u> Term: 1/2/2021 - 1/1/2025

Mr. Derek Valdo, Vice Chair

CEO of AMERIND Risk Management 502 Cedar Drive Santa Ana Pueblo, NM 87004 Phone: (505) 404-5000

<u>dvaldo@amerindrisk.org</u> Term: 3/18/2023 - 1/1/2027

The Honorable Howie Morales

Lieutenant Governor State Capitol Building, Room 417 Santa Fe, NM 87501 Phone: (505) 476-2250 Howie.Morales@state.nm.us

Term: Ex-officio elected 2018

Martina C'de Baca

Martina.CdeBaca2@state.nm.us (505) 476-2230 (Direct line)

The Honorable 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: 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.

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

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

Date: 01/16/2025

CY 2025 542 (C) Risk Sharing

Re:

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

<u>None</u>

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.

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 Mexico Mo	d Member, Management or Employee states that he/she has read and understands the ortgage Finance Authority Code of Conduct and that the information provided below is, s/her knowledge and belief, accurate and complete in all respects, as of the date hereof.
defined in the C	a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as ode of Conduct) which are engaged or proposing to engage in a Transaction with MFA. "none", please write "none".
AMERIND Risk MFA may facilit claims under th AMERIND Risk, is presently no o relationship bet for future claim disclose and rec	nsures certain single and multi-family properties for which MFA may hold or service the loan, and ate the payment of premium by the borrower or stand as loss payee or have similar rights or ose policies. The placement of these policies is a transaction between the buyer/borrower and and MFA is not involved in any way with the selection of insurance by the buyer/borrower. There conflict of interest related to these policies. Disclosure is made only to identify the nature of the ween AMERIND Risk and MFA pursuant to those insurance contracts, and to identify the potential is involving MFA and AMERIND. If any conflict should arise under these policies, I would again use myself from any related Board action.
The following is spouse, domest sister-in-law, ur	a list of all MFA programs or proposed programs that I, or a Family Member (i.e., ic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or icle, aunt, first cousin, or anyone residing in the household), am likely to participate in from. If the answer is "none", please write "none":
Signed:	JL S

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	e	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	2:				
City	State		Zip		
Albuquerque	NM		87114		
Please check the appropriate bo	NDIVIDUAL – Current x and fill in all requeste	**************************************	Date assumed office (for current term): or Date of current appointment/ employmen		
Please check the appropriate bo	x and fill in all requeste	**************************************	or Date of current appointment/ employmer Date Assumed Office,		
Please check the appropriate bo applicable on today's date	office / Boar	d information as it is	or Date of current appointment/ employmer		
Please check the appropriate bo applicable on today's date Reporting individual	Office / Boar	rd or Commission / Agency Name	or Date of current appointment/ employmen Date Assumed Office, Employed, or Appointed		
Please check the appropriate bo applicable on today's date Reporting individual Appointed To	Office / Boar	rd or Commission / Agency Name AGE FINANCE AUTHORITY	or Date of current appointment/ employmer 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 / Boar NM MORTGA NM MORTGA 3. REPORTING IN	rd or Commission / Agency Name AGE FINANCE AUTHORITY	or Date of current appointment/ employment Date Assumed Office, Employed, or Appointed 02/05/2020 01/01/2024 mation		
Please check the appropriate bo applicable on today's date Reporting individual Appointed To Appointed To Employer	Office / Boar NM MORTGA NM MORTGA 3. REPORTING IN	rd or Commission / Agency Name AGE FINANCE AUTHORITY AGE FINANCE AUTHORITY NDIVIDUAL - Employer Infor	or Date of current appointment/ employment Date Assumed Office, Employed, or Appointed 02/05/2020 01/01/2024 mation		

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 specincome.	cializatio	n or sources of	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:	General statement of business purpose:		Received by (list the name of the reporting individual or spouse):
10. F 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 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		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	



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	e	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	2:				
City	State		Zip		
Albuquerque	NM		87114		
Please check the appropriate bo	NDIVIDUAL – Current x and fill in all requeste	**************************************	Date assumed office (for current term): or Date of current appointment/ employmen		
Please check the appropriate bo	x and fill in all requeste	**************************************	or Date of current appointment/ employmer Date Assumed Office,		
Please check the appropriate bo applicable on today's date	office / Boar	d information as it is	or Date of current appointment/ employmer		
Please check the appropriate bo applicable on today's date Reporting individual	Office / Boar	rd or Commission / Agency Name	or Date of current appointment/ employmen Date Assumed Office, Employed, or Appointed		
Please check the appropriate bo applicable on today's date Reporting individual Appointed To	Office / Boar	rd or Commission / Agency Name AGE FINANCE AUTHORITY	or Date of current appointment/ employmer 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 / Boar NM MORTGA NM MORTGA 3. REPORTING IN	rd or Commission / Agency Name AGE FINANCE AUTHORITY	or Date of current appointment/ employment Date Assumed Office, Employed, or Appointed 02/05/2020 01/01/2024 mation		
Please check the appropriate bo applicable on today's date Reporting individual Appointed To Appointed To Employer	Office / Boar NM MORTGA NM MORTGA 3. REPORTING IN	rd or Commission / Agency Name AGE FINANCE AUTHORITY AGE FINANCE AUTHORITY NDIVIDUAL - Employer Infor	or Date of current appointment/ employment Date Assumed Office, Employed, or Appointed 02/05/2020 01/01/2024 mation		

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 specincome.	cializatio	n or sources of	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:	General statement of business purpose:		Received by (list the name of the reporting individual or spouse):
10. F 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 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		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	

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
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
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, munt, 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	Adomis C. Marsh

NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)

CHAIR AND EXECUTIVE DIRECTOR

To:

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 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	e of Business: None
:	
If Em	ployee Transaction, approximate value of the Transaction None
dome	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
-	
Signe	d:

To:	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 all all all all all all all all all al
Signed	Immalt

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)

CHAIR AND EXECUTIVE DIRECTOR
From: Member, Lawra M. Montoya, NM State Treasurer (Member, Proxy, Management, Employee)
Date: January 5, 2005
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 be 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 📉 😝
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": The power over 80 cours. The power with their pusioess. None that I'm
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

Last Name	First Name		Middle N	ame
Montoya	Laura		M	unic
Residence Address	Email Address XXXXXX			
City XXXXXX	State XXXXXX		Zip XXXXXX	
Mailing Address XXXXXX				
City XXXXXX	State XXXXXX		Zip XXXXXX	
2 DEPORTIN	CINDIVIDUAL Current Filing C	Ctatus	Data accurace	office (for current term):
	G INDIVIDUAL – Current Filing S box and fill in all requested inform			office (for current term): or t appointment/ employment
Please check the appropriate	_	nation as it is		or t appointment/ employment ed Office,
Please check the appropriate applicable on today's date	box and fill in all requested inform Office / Board or Co	nation as it is	Date of curren	or t appointment/ employment ed Office,
Please check the appropriate applicable on today's date Reporting individual	box and fill in all requested inform Office / Board or Co	nation as it is	Date of curren Date Assume Employed, or	or t appointment/ employment ed Office,
Please check the appropriate applicable on today's date Reporting individual Candidate	Office / Board or Co Nar State Treasurer,	ommission / Agency	Date of curren Date Assume Employed, or N/A 01/01/2023	or t appointment/ employment ed Office,
Please check the appropriate applicable on today's date Reporting individual Candidate	Office / Board or Connection State Treasurer, State Treasurer, 3. REPORTING INDIVIDUE	ommission / Agency	Date of curren Date Assume Employed, or N/A 01/01/2023 mation	or t appointment/ employment ed Office,
Please check the appropriate applicable on today's date Reporting individual Candidate Incumbent Employer	Office / Board or Con Name State Treasurer, State Treasurer, State Treasurer, State Treasurer, Control of Employer Cit	ommission / Agency omme UAL - Employer Informployer's Phone Num 05) 955-1120	Date of curren Date Assume Employed, or N/A 01/01/2023 mation	or t appointment/ employment ed 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. <u>You do not need to report the amount received.</u>
<u>If 'other', please include a brief description.</u>

ir other , please include a brief	<u>исэспри</u>	<u> </u>			
Income source (*see pg. 4):			Received by (list the na spouse):	me o	of 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 spe income.	cializatio	n or sources of	Received by (list the na spouse):	me o	of 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			
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 SF ence):	POUS	E – Real Estate
Owner		County		Gen	eral Description
9. REPORTIN Business Interests over \$10,000.00			TING INDIVIDUAL'S SPO terests 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):
10. I Memberships held by reporting ir		Board	& REPORTING INDIVIDU I Membership n boards of for-profit busin		
Name of business:			Board member (list the spouse):	name	of the reporting individual or
11. REPORTING Professional licenses held in New		JAL & REPORTIN	IG INDIVIDUAL'S SPOUS	E – Pi	rofessional License(s)
Type of license:			Individual holding license (list the name of the reporting individual or spouse):		
	Goo	ds and/or Service	& REPORTING INDIVIDU es Provided to State Age use provided goods or ser	ncies	
State agency to which goods an provided:	d/or serv	vices were	Individual providing reporting individual o	_	Is or services (list the name of the buse):

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.

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 Christine 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 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	oloyee 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. Inswer is "none", please write "none":
	<u> </u>
Claned	

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
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:

10:	NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From:	Wester Proxy
	(Methoer, 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 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: //one
If Emp	ployee Transaction, approximate value of the Transaction Mone
domest uncle,	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. Inswer is "none", please write "none":
Signed	Juli la 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 Muacle

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA) CHAIR AND EXECUTIVE DIRECTOR
From: Raynor (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 lobbist
Since 2005 and correctly serve as non-yoting
Mexico (rovernment Afficire Coursi thee.
If Employee Transaction, approximate value of the Transaction None
If Employee Transaction, approximate value of the Transaction
If Employee Transaction, approximate value of the Transaction_ No ne
If Employee Transaction, approximate value of the Transaction
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":
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.
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.
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.
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.
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.
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.

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	
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: I have been the registered labbyist	
M A	exico since 2005, and corrently serve as a on voting member of the Apartment Associal year Mexico; Government Affairs Committee	free
If Em	aployee Transaction, approximate value of the Transaction_Nowe	
If Em	aployee Transaction, approximate value of the Transaction_Nowe	
If Em	aployee Transaction, approximate value of the Transaction	
The fo	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	
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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 request	1. REPORTING INDIV		Inform	ation	
Last Name Traynor	First Name Randy			Middle Nan	ne
Residence Address	Email Address	;			
City XXXXXX	State XXXXXX			Zip XXXXXX	
Mailing Address					
City XXXXXX	State XXXXXX			Zip XXXXXX	
2. REPORTING INDIV Please check the appropriate box and applicable on today's date		_			fice (for current term): or ppointment/ employment
Reporting individual	Office / Board or	r Commission / Ag Name	gency	Date Assumed Employed, or A	
Appointed To	MORTGAGE FINA MEXICO	NCE AUTHORITY, N	NEW	07/22/2024	
:	3. REPORTING INDIV	/IDUAL - Employe	r Inforn	nation	
Employer Traynor Associates, LLC		Employer's Phor (505) 238-1032	ne Num	ber	
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 in Owner	ndividual	Nature of busine Contract Lobbyin		ccupation	
4. SPO	USE OF REPORTING	INDIVIDUAL – Em	ployer	Information	
Last Name Maestas-Traynor	First Name Debbie		Middle A.	1	
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	Nature of business or occupation
Owner	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. <u>You do not need to report the amount received.</u> <u>If 'other', please include a brief description.</u>

	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 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

Self-Storage Association Maestas Consulting, LLC					
Self-Storage Association 1001 N. Fairfax St, Ste 505, Alexandria, VA 22314 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: 10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Other Business Board Membership Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico: Name of business: 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: 12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Professional License (s) 12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Professional License (s) 12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Professional License (s) 13. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the p calendar year: 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 Representation List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts) 14. REPORTING INDIVIDUAL & REPORTI	Reset 1200 17th St NW, Ste 1200, Was	shington, DC 87109	Traynor Assocites, LLC		
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: Position held: Business purpose: 10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE Board Membership Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico: Name of business: Board member (list the name of the reporting individual or spouse): 11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Professional License(s) Professional licenses held in New Mexico: Type of license: Individual holding license (list the name of the reporting individual or spouse): 12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Professional License(s) Foods 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 p calendar year: State agency to which goods and/or services were provided goods or services to in excess of \$5,000 during the p calendar year: Individual providing goods or services (list the name of the reporting individual or spouse): 13. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE State Agency to which goods and/or services were provided goods or services to in excess of \$5,000 during the p calendar year: Individual providing goods or services (list the name of the reporting individual or spouse): 14. 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 spo		andria, VA 22314	Maestas Consulting, LLC		
Real estate owned in New Mexico (other than personal residence): Owner County		andria, VA 22314	Traynor Associates, LLC		
Real estate owned in New Mexico (other than personal residence): Owner County General Description 9. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Other Business Business Interests over \$10,000.00 List any other business interests in New Mexico of \$10,000 or more in the space provided: Name of business: Position held: General statement of business purpose: Received by (list the name of the reporting individual or spouse) 10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE Board Membership Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico: Name of business: Board member (list the name of the reporting individual or spouse): 11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s) Professional licenses held in New Mexico: Type of license: Individual holding license (list the name of the reporting individual or spouse): 12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE — Goods and/or Services Provided to State Agencies State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the p calendar year: 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 the 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 ope	8. REPO	RTING INDIVIDUAL & REPO	ORTING INDIVIDUAL'S SE	POUSE – 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: 10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE Board Membership Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico: Name of business: Board member (list the name of the reporting individual or spouse): 11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s) Professional licenses held in New Mexico: Type of license: Individual holding license (list the name of the reporting individual or spouse): 12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE Goods and/or Services Provided to State Agencies State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the p calendar year: State agency to which goods and/or services were 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) 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 State Agency Representation Provide other financial interest or additional information you believe should be noted to describe potential areas of interest the 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 booking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and go transportatio					
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: 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 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 p calendar year: State agency to which goods and/or services were provided to State Agencies 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 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 the 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 cosulting 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 ag attendance of the reporting individual or spouse of the reporting individual and government, declated in the reporting individual and government, decl	Owner	County		General Description	
Dusiness 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 individual or spouse): 12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE					
Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico: Name of business: Board member (list the name of the reporting individual or spouse): 11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s) Professional licenses held in New Mexico: Type of license: Individual holding license (list the name of the reporting individual or spouse): 12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE Goods and/or Services Provided to State Agencies State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the p calendar year: State agency to which goods and/or services were provided goods or services to in excess of \$5,000 during the p calendar year: 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 the 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 poyment on an insurance claim), oil and gas transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a	Name of business:	Position held:		Received by (list the name of the reporting individual or spouse):	
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 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 p 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): 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 the 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 gat transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a		Board	d Membership		
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 p 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): 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 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 gat transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods soles with a	1 3		Board member (list the name of the reporting individual or		
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 p 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): 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 the 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 got transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a			NG INDIVIDUAL'S SPOUS	E – Professional License(s)	
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 p 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 the 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 got transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a	Type of license:		_	se (list the name of the reporting	
Calendar year: State agency to which goods and/or services were 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) 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 the 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 gat transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a		Goods and/or Servic	es Provided to State Age	ncies	
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 the 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 gatransportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a		orting individual of their spo	use provided goods or ser	vices to in excess of \$3,000 during the prior	
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 the 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 gat transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a	State agency to which goods and/or services were provided:		Individual providing goods or services (list the name of the reporting individual or spouse):		
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 the 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 gat transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a	13	. REPORTING INDIVIDUAL	& REPORTING INDIVIDU	JAL'S SPOUSE	
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 the 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 gat transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a		State Age	ncy Representation		
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 the 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 gat transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a		nich you or your spouse repr	resented or assisted a clien	t during the past year: (do not include	
Provide other financial interest or additional information you believe should be noted to describe potential areas of interest the 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 gat transportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a	State agency (other than a court):				
and banking, farming and ranching, medicine and health care, insurance (as a business and not as a payment on an insurance claim), oil and gattransportation, utilities, general stock market holdings, bonds, government, education, manufacturing, real estate, consumer goods sales with a	Provide other financial interest of	or additional information you	u believe should be noted t	to describe potential areas of interest that	
general description of the consumer goods and the category "other", with direction that the income source be similarly described.	and banking, farming and ranching, transportation, utilities, general stock	, medicine and health care, insurd k market holdings, bonds, govern	ance (as a business and not as ament, education, manufacturir	a payment on an insurance claim), oil and gas, ng, real estate, consumer goods sales with a	
I hereby swear or affirm under penalty of perjury that the foregoing information is true, correct and complete t the best of my knowledge.	_		nat the foregoing inform	ation is true, correct and complete to	
Signature: Randy L. Traynor Date: 01/03/2025	Signature: Randy L. Travno	 or	Date: 01/03/2025		

Printed Name: Randy Traynor	

To: NEW MEXICO MORTGAGE FINANCE AUTHORITY (MFA)
CHAIR AND EXECUTIVE DIRECTOR
From: Lehecca Wursh unger
From: Lehecca Wull wask (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:
If Employee Transaction, approximate value of the Transaction
NA 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":
Vove
Rolling 1 1)
Signed: Wille July Survey



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	Email Address XXXXXX		
City XXXXXX	State XXXXXX		Zip XXXXXX
Mailing Address			
City XXXXXX	State XXXXXX		Zip XXXXXX
2. REPORTING II	NDIVIDUAL – Current Filing Statu	s	Date assumed office (for current term):
Please check the appropriate box applicable on today's date	and fill in all requested information	n as it is	or Date of current appointment/ employment
Reporting individual	Office / Board or Commi Name	ssion / Agency	Date Assumed Office, Employed, or Appointed
Appointed To	MORTGAGE FINANCE AUT	HORITY, NEW	07/16/2022
Appointed To	NM MORTGAGE FINANCE	AUTHORITY	07/16/2022
3. REPORTING INDIVIDUAL - Employer Information			
4.	SPOUSE OF REPORTING INDIVID	OUAL – Employer	Information
	G INDIVIDUAL & REPORTING INI Sources of Gross Incom *For the list of all sour	e over \$5,000.00 ces, see page 4.)*
	cate all sources of gross income of e, i.e., reporting individual or their sp		00 during the prior calendar year to each not applicable.
Please note: Only the source(s) of If 'other', please include a brief	f income need to be reported. You description.	do not need to I	report the amount received.
Income source (*see pg. 4):	Receiv spous		ame of the reporting individual or
If the reporting individual or their	NDIVIDUAL & REPORTING INDIV	/IDUAL'S SPOUS	E - Areas of Specialization ration or similar business, please include the

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): **General Description** Owner County 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) State agency (other than a court): Individual assisting client (list the name of the reporting individual or spouse): 14. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - General Information

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

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

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

Signature: Rebecca Wurzburger	Date: 01/15/2025
Printed Name: Rebecca Wurzburger	