



**Mr. Angel Reyes, Chair**

President, Centinel Bank in Taos  
512 Paseo del Pueblo Sur  
Taos, NM 87571  
Phone: (575) 758-6770  
[areyes@centinelbank.com](mailto: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](mailto: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](mailto:Howie.Morales@state.nm.us)  
Term: Ex-officio elected 2018

**Martina C'de Baca**

[Martina.CdeBaca2@state.nm.us](mailto: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](mailto: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](mailto: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](mailto:Christine.anaya@sto.nm.gov)

**Rebecca Wurzburger**

Strategic Planning Consultant  
1614 Camino De Cruz Blanca  
Santa Fe, NM 87501  
[Rebeccawurzburger@gmail.com](mailto: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](mailto:randy@nmlobbyist.com)

## 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

<b>1. REPORTING INDIVIDUAL – Contact Information</b>			
Please provide all information requested in the space below.			
<b>Last Name</b> Valdo	<b>First Name</b> Derek	<b>Middle Name</b> Colin	
<b>Residence Address</b> 1804 Westdale Way NW		<b>Email Address</b> dvaldo@amerind.com	
<b>City</b> Albuquerque	<b>State</b> NM	<b>Zip</b> 87114	
<b>Mailing Address</b> 1804 Westdale Way NW			
<b>City</b> Albuquerque	<b>State</b> NM	<b>Zip</b> 87114	
<b>2. REPORTING INDIVIDUAL – Current Filing Status</b>			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	
<b>3. REPORTING INDIVIDUAL - Employer Information</b>			
<b>Employer</b> AMERIND Risk Management Corporation		<b>Employer's Phone Number</b> (505) 404-5000	
<b>P.O. Box or Street Address of Employer</b> 502 Cedar Drive		<b>City</b> Santa Ana Pueblo	<b>State</b> NM
		<b>Zip</b> 87004	
<b>Title or Position held by reporting individual</b> Chief Executive Officer		<b>Nature of business or occupation</b> Tribal Federal Corporation	
<b>4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information</b>			

**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.**

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

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

<b>Client name &amp; address:</b>	<b>Represented by: List the name of the reporting individual's firm or spouse's firm</b>
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**8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate**

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

<b>Owner</b>	<b>County</b>	<b>General Description</b>
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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:

<b>Name of business:</b>	<b>Position held:</b>	<b>General statement of business purpose:</b>	<b>Received by (list the name of the reporting individual or spouse):</b>
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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:

<b>Name of business:</b>	<b>Board member (list the name of the reporting individual or spouse):</b>
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**11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s)**

Professional licenses held in New Mexico:

<b>Type of license:</b>	<b>Individual holding license (list the name of the reporting individual or spouse):</b>
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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:

<b>State agency to which goods and/or services were provided:</b>	<b>Individual providing goods or services (list the name of the reporting individual or spouse):</b>
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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



**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

<b>1. REPORTING INDIVIDUAL – Contact Information</b>			
Please provide all information requested in the space below.			
<b>Last Name</b> Valdo	<b>First Name</b> Derek	<b>Middle Name</b> Colin	
<b>Residence Address</b> 1804 Westdale Way NW		<b>Email Address</b> dvaldo@amerind.com	
<b>City</b> Albuquerque	<b>State</b> NM	<b>Zip</b> 87114	
<b>Mailing Address</b> 1804 Westdale Way NW			
<b>City</b> Albuquerque	<b>State</b> NM	<b>Zip</b> 87114	
<b>2. REPORTING INDIVIDUAL – Current Filing Status</b>			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	
<b>3. REPORTING INDIVIDUAL - Employer Information</b>			
<b>Employer</b> AMERIND Risk Management Corporation		<b>Employer's Phone Number</b> (505) 404-5000	
<b>P.O. Box or Street Address of Employer</b> 502 Cedar Drive		<b>City</b> Santa Ana Pueblo	<b>State</b> NM
		<b>Zip</b> 87004	
<b>Title or Position held by reporting individual</b> Chief Executive Officer		<b>Nature of business or occupation</b> Tribal Federal Corporation	
<b>4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information</b>			



**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.**

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

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

<b>Client name &amp; address:</b>	<b>Represented by: List the name of the reporting individual's firm or spouse's firm</b>
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**8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate**

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

<b>Owner</b>	<b>County</b>	<b>General Description</b>
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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:

<b>Name of business:</b>	<b>Position held:</b>	<b>General statement of business purpose:</b>	<b>Received by (list the name of the reporting individual or spouse):</b>
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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:

<b>Name of business:</b>	<b>Board member (list the name of the reporting individual or spouse):</b>
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**11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s)**

Professional licenses held in New Mexico:

<b>Type of license:</b>	<b>Individual holding license (list the name of the reporting individual or spouse):</b>
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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:

<b>State agency to which goods and/or services were provided:</b>	<b>Individual providing goods or services (list the name of the reporting individual or spouse):</b>
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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

**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

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If Employee Transaction, approximate value of the Transaction N/A

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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.

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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, 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.

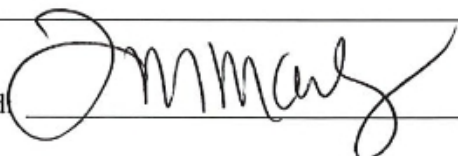
The following is a list of all Businesses in which either I, or a Family Member, have a Financial Interest (as defined in the Code of Conduct) which are engaged or proposing to engage in a Transaction with the MFA. If the answer is "none", please write "none".

Name of Business: None 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**

<b>1. REPORTING INDIVIDUAL – Contact Information</b>			
Please provide all information requested in the space below.			
<b>Last Name</b> Montoya	<b>First Name</b> Laura	<b>Middle Name</b> M	
<b>Residence Address</b> XXXXXX	<b>Email Address</b> XXXXXX		
<b>City</b> XXXXXX	<b>State</b> XXXXXX	<b>Zip</b> XXXXXX	
<b>Mailing Address</b> XXXXXX			
<b>City</b> XXXXXX	<b>State</b> XXXXXX	<b>Zip</b> XXXXXX	
<b>2. REPORTING INDIVIDUAL – Current Filing Status</b>			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			
<b>Reporting individual</b>	<b>Office / Board or Commission / Agency Name</b>	<b>Date Assumed Office, Employed, or Appointed</b>	
Candidate	State Treasurer,	N/A	
Incumbent	State Treasurer,	01/01/2023	
<b>3. REPORTING INDIVIDUAL - Employer Information</b>			
<b>Employer</b> State of New Mexico	<b>Employer's Phone Number</b> (505) 955-1120		
<b>P.O. Box or Street Address of Employer</b> 2055 S. Pacheco St.	<b>City</b> Santa Fe	<b>State</b> NM	<b>Zip</b> 87505
<b>Title or Position held by reporting individual</b> State Treasurer	<b>Nature of business or occupation</b> State Treasurer's Office		
<b>4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information</b>			

**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.**

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

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

<b>Client name &amp; address:</b>	<b>Represented by: List the name of the reporting individual's firm or spouse's firm</b>
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**8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate**

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

<b>Owner</b>	<b>County</b>	<b>General Description</b>
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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:

<b>Name of business:</b>	<b>Position held:</b>	<b>General statement of business purpose:</b>	<b>Received by (list the name of the reporting individual or spouse):</b>
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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:

<b>Name of business:</b>	<b>Board member (list the name of the reporting individual or spouse):</b>
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**11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s)**

Professional licenses held in New Mexico:

<b>Type of license:</b>	<b>Individual holding license (list the name of the reporting individual or spouse):</b>
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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:

<b>State agency to which goods and/or services were provided:</b>	<b>Individual providing goods or services (list the name of the reporting individual or spouse):</b>
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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

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If Employee Transaction, approximate value of the Transaction None

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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

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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  
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If Employee Transaction, approximate value of the Transaction None  
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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  
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Signed:  \_\_\_\_\_

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

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If Employee Transaction, approximate value of the Transaction None

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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

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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

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If Employee Transaction, approximate value of the Transaction None

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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

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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.			
<b>Last Name</b> Traynor	<b>First Name</b> Randy	<b>Middle Name</b> L	
<b>Residence Address</b> XXXXXX		<b>Email Address</b> XXXXXX	
<b>City</b> XXXXXX	<b>State</b> XXXXXX	<b>Zip</b> XXXXXX	
<b>Mailing Address</b> XXXXXX			
<b>City</b> XXXXXX	<b>State</b> XXXXXX	<b>Zip</b> 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			
<b>Reporting individual</b>	<b>Office / Board or Commission / Agency Name</b>	<b>Date Assumed Office, Employed, or Appointed</b>	
Appointed To	MORTGAGE FINANCE AUTHORITY, NEW MEXICO	07/22/2024	
3. REPORTING INDIVIDUAL - Employer Information			
<b>Employer</b> Traynor Associates, LLC		<b>Employer's Phone Number</b> (505) 238-1032	
<b>P.O. Box or Street Address of Employer</b> 12907 Calle De Sandias NE		<b>City</b> Albuquerque	<b>State</b> NM
<b>Title or Position held by reporting individual</b> Owner		<b>Nature of business or occupation</b> Contract Lobbying	
<b>Zip</b> 87111			
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information			
<b>Last Name</b> Maestas-Traynor	<b>First Name</b> Debbie	<b>Middle</b> A.	
<b>Name of Spouse's Employer</b> Maestas Consulting, LLC			
<b>Address of Spouse's Employer</b> 12907 Calle De Sandias NE			
<b>City</b> Albuquerque	<b>State</b> NM	<b>Zip</b> 87111	



<b>Spouse's title or position held</b> Owner	<b>Nature of business or occupation</b> 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.**

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

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

<b>Client name &amp; address:</b>	<b>Represented by: List the name of the reporting individual's firm or spouse's firm</b>
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 Wushinger  
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 Wushinger



**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

<b>1. REPORTING INDIVIDUAL – Contact Information</b>		
Please provide all information requested in the space below.		
<b>Last Name</b> Wurzburger	<b>First Name</b> Rebecca	<b>Middle Name</b>
<b>Residence Address</b> XXXXXX	<b>Email Address</b> XXXXXX	
<b>City</b> XXXXXX	<b>State</b> XXXXXX	<b>Zip</b> XXXXXX
<b>Mailing Address</b> XXXXXX		
<b>City</b> XXXXXX	<b>State</b> XXXXXX	<b>Zip</b> XXXXXX
<b>2. REPORTING INDIVIDUAL – Current Filing Status</b>		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
<b>3. REPORTING INDIVIDUAL - Employer Information</b>		
<b>4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information</b>		
<b>5. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE – Income Source(s)</b>		
<b>Sources of Gross Income over \$5,000.00*</b>		
*For the list of all sources, see page 4.		
In the space provided below, indicate <b>all</b> sources of gross income of <b>more than</b> \$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. <b><u>You do not need to report the amount received. If 'other', please include a brief description.</u></b>		
<b>Income source (*see pg. 4):</b>	<b>Received by (list the name of the reporting individual or spouse):</b>	
<b>6. REPORTING INDIVIDUAL &amp; REPORTING INDIVIDUAL'S SPOUSE - Areas of Specialization</b>		
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):
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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	