



Mr. Angel Reyes, Chair

President, Centinel Bank in Toas
512 Paseo del Pueblo Sur
Taos, NM 87571
Phone: (575) 758-6770
areyes@centinelbank.com
Term: 1/2/2021 - 1/1/2025

Mr. Derek Valdo, Vice Chair

CEO of AMERIND Risk Management
502 Cedar Drive
Santa Ana Pueblo, NM 87004
Phone: (505) 404-5000
dvaldo@amerindrisk.org
Term: 3/18/2023 - 1/1/2027

The Honorable Howie Morales

Lieutenant Governor
State Capitol Building, Room 417
Santa Fe, NM 87501
Phone: (505) 476-2250
Howie.Morales@state.nm.us
Term: Ex-officio elected 2018

Martina C'de Baca

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

The Honorable Raúl Torrez

Attorney General
408 Galisteo Street, Villagra Bldg.
Santa Fe, NM 87501
Phone: (505) 490-4060
rcrollett@nmag.gov (Ronda Crollett)
Term: Ex-officio elected 2022

Billy J. Jimenez

Deputy Attorney General
(505) 527-2694
bjimenez@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
Laura.Montoya@sto.nm.gov
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

DISCLOSURE STATEMENT-2026

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

Angel Reyes

From: (Member, Proxy, Management, Employee)

February 6, 2026

Date:

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

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

Name of Business: Centinel Bank of Taos

Four horizontal lines for listing additional businesses.

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

Two horizontal lines for value, followed by the text 'None' and another horizontal line.

The following is a list of all MFA programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":

MFA Approved partner (Centinel Bank of Taos) Partners Program

Centinel Bank of Taos purchased a loan participation from Main Bank in the principal amount of \$1,500,000, related

to Main Bank's loan to MFA for its purchase of 7425 Jefferson St., NE, Albuquerque, NM. (May16, 2023)

Signed: Angel Reyes Digitally signed by Angel Reyes Date: 2026.02.06 09:51:44 -07'00'

Angel Reyes

NOTE: Use additional sheets as necessary.

EXHIBIT A

DISCLOSURE STATEMENT

To: **HOUSING NEW MEXICO | MFA**
CHAIR AND EXECUTIVE DIRECTOR

From: Billy J. Jimenez, Proxy for Member Attorney General Raul Torrez
(Member, Proxy, Management, Employee)

Date: March 3, 2026

The undersigned Member, Management or Employee states that he/she has read and understands the Housing New Mexico’s 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 Housing New Mexico. If the answer is "none", please write "none".

Name of Business:

None

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

The following is a list of all Housing New Mexico 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: Billy Jimenez  Digitally signed by Billy Jimenez
Date: 2026.03.03 13:18:40 -0700

NOTE: Use additional sheets as necessary.

EXHIBIT A

DISCLOSURE STATEMENT

To: **HOUSING NEW MEXICO | MFA**
CHAIR AND EXECUTIVE DIRECTOR

From: Member Laura M. Montoya, NM State Treasurer
(Member, Proxy, Management, Employee)

Date: 1/26/2026

The undersigned Member, Management or Employee states that he/she has read and understands the Housing New Mexico's 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 Housing New Mexico. If the answer is "none", please write "none".

Name of Business:

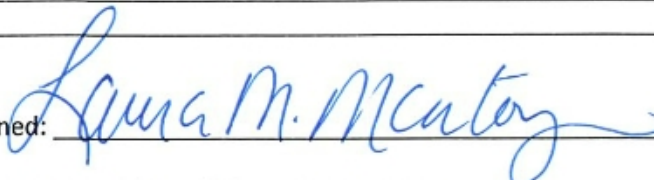
none

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

N/A

The following is a list of all Housing New Mexico 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 am aware of.

Signed: 

NOTE: Use additional sheets as necessary.

EXHIBIT A

DISCLOSURE STATEMENT

To: **HOUSING NEW MEXICO | MFA**
CHAIR AND EXECUTIVE DIRECTOR

From: Rebecca Wurzurber, Board Member
(Member, Proxy, Management, Employee)

Date: February 5, 2026

The undersigned Member, Management or Employee states that he/she has read and understands the Housing New Mexico’s 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 Housing New Mexico. If the answer is "none", please write "none".

Name of Business:

NONE

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

The following is a list of all Housing New Mexico 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

RebeccaW

Signed: *Rebecca Wurzbürger*
Rebecca Wurzbürger (Feb 5 2026 2:42:55 PM MST)

NOTE: Use additional sheets as necessary.

2026 Annual Disclosure Statement- RW

Final Audit Report

2026-02-05

Created:	2026-02-05
By:	Dominique Zuni (dzuni@housingnm.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAe3Y5fJ8FG9JaHa8D_JAfhqaF5KeIK15

"2026 Annual Disclosure Statement- RW" History







-  Document created by Dominique Zuni (dzuni@housingnm.org)
2026-02-05 - 2:46:17 PM GMT
-  Document emailed to rebeccawurzburger@gmail.com for signature
2026-02-05 - 2:46:39 PM GMT
-  Email viewed by rebeccawurzburger@gmail.com
2026-02-05 - 4:31:55 PM GMT
-  Signer rebeccawurzburger@gmail.com entered name at signing as Rebecca Wurzbürger
2026-02-05 - 9:22:58 PM GMT
-  Document e-signed by Rebecca Wurzbürger (rebeccawurzburger@gmail.com)
Signature Date: 2026-02-05 - 9:23:00 PM GMT - Time Source: server
-  Agreement completed.
2026-02-05 - 9:23:00 PM GMT

EXHIBIT A

DISCLOSURE STATEMENT

To: **HOUSING NEW MEXICO | MFA**
CHAIR AND EXECUTIVE DIRECTOR

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

Date: 1/26/2026

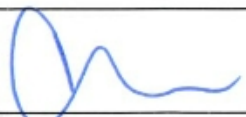
The undersigned Member, Management or Employee states that he/she has read and understands the Housing New Mexico's Code of Conduct and that the information provided below is, to the best of his/her knowledge and belief, accurate and complete in all respects, as of the date hereof.

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 Housing New Mexico. If the answer is "none", please write "none".

Name of Business:
none

If Employee Transaction, approximate value of the Transaction, if applicable:
N/A

The following is a list of all Housing New Mexico programs or proposed programs that I, or a Family Member (i.e., spouse, domestic partner, children, parents, siblings, grandparents, parents-in-law, brother-in-law or sister-in-law, uncle, aunt, first cousin, or anyone residing in the household), am likely to participate in and/or benefit from. If the answer is "none", please write "none":
None

Signed:  _____

NOTE: Use additional sheets as necessary.

ANNUAL DISCLOSURE STATEMENT

To: **HOUSING NEW MEXICO | MFA
CHAIR AND EXECUTIVE DIRECTOR**

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

Date: 01/1/2026

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.

EXHIBIT A

DISCLOSURE STATEMENT

To: HOUSING NEW MEXICO | MFA
CHAIR AND EXECUTIVE DIRECTOR

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

Date: 1/27/26

The undersigned Member, Management or Employee states that he/she has read and understands the Housing New Mexico's 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 Housing New Mexico. If the answer is "none", please write "none".

Name of Business: None
I have been the registered lobbyist for the Apartment Assoc. of N.M. since 2005, and currently serve as a non-voting member of their Gov't Affairs Committee. And some relationship for my other lobbying client, the N.M. Home Builders Assoc.

If Employee Transaction, approximate value of the Transaction, if applicable: None

The following is a list of all Housing New Mexico 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 to the best of my belief

Signed: Randy L. Traynor

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

2026 Financial Disclosure Report

1. REPORTING INDIVIDUAL – Contact Information		
Please provide all information requested in the space below.		
Last Name Wurzburger	First Name Rebecca	Middle Name
Residence Address XXXXXX	Email Address XXXXXX	
City XXXXXX	State XXXXXX	Zip XXXXXX
Mailing Address XXXXXX		
City XXXXXX	State XXXXXX	Zip XXXXXX
2. REPORTING INDIVIDUAL – Current Filing Status		Date assumed office (for current term): or Date of current appointment/ employment
Please check the appropriate box and fill in all requested information as it is applicable on today's date		
Reporting individual	Office / Board or Commission / Agency Name	Date Assumed Office, Employed, or Appointed
Appointed To	MORTGAGE FINANCE AUTHORITY, NEW MEXICO	07/16/2022
Appointed To	NM MORTGAGE FINANCE AUTHORITY	07/16/2022
3. REPORTING INDIVIDUAL - Employer Information		
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information		
5. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Income Source(s) Sources of Gross Income over \$5,000.00* *For the list of all sources, see page 4.		
In the space provided below, indicate all sources of gross income of more than \$5,000 during the prior calendar year to each person covered by this disclosure, i.e., reporting individual or their spouse or indicate not applicable.		
Please note: Only the source(s) of income need to be reported. <u>You do not need to report the amount received. If 'other', please include a brief description.</u>		
Income source (*see pg. 4):	Received by (list the name of the reporting individual or spouse):	
6. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Areas of Specialization		
If the reporting individual or their spouse is involved in a law practice, consulting operation or similar business, please include the information in the space provided below or indicate not applicable:		

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

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 Wurzbürger	Date: 02/11/2026
Printed Name: Rebecca Wurzbürger	

Filing Confirmation

From no-reply@state.nm.us <no-reply@state.nm.us>
Date Fri 2/6/2026 9:45 AM
To Angel Reyes <areyes@centinelbank.com>

1 attachment (325 KB)
2026 Financial Disclosure Statement.pdf;



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

Subject: Filing Confirmation

Dear Angel Andres Reyes:

Thank you for using the New Mexico Secretary of State's Financial Disclosure Statement System (FDS).

The purpose of this email is to notify you that Angel Andres Reyes has filed your Financial Disclosure Statement report in FDS.

If you have any questions or need further assistance, please contact us at 505-827-3600 during business hours (8:00 a.m. to 5:00 p.m.) or via email at sos.elections@state.nm.us

Kind Regards,

Office of the Secretary of State
325 Don Gaspar, Suite 300
Santa Fe, NM 87501
505-827-3600
800-477-3632 Toll-Free

<https://clicktime.cloud.postoffice.net/clicktime.php?U=https://login.cfis.sos.state.nm.us/&E=areyes%40centinelbank.com&X=XID402EBFqSC7781Xd1&T=TAOS&HV=U,E,X,T&H=2facc3b2abbfa888bfcdbc08b749f>

(Note: This is an automatically generated email. Please do not reply. Inquiries should be sent to sos.elections@state.nm.us.)



**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

2026 Financial Disclosure Report

1. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Reyes	First Name Angel	Middle Name Andres	
Residence Address PO Box 2084		Email Address areyes@centinelbank.com	
City Ranchos de Taos	State NM	Zip 87557	
Mailing Address PO Box 2084			
City Ranchos de Taos	State NM	Zip 87557	
2. REPORTING INDIVIDUAL – Current Filing Status			Date assumed office (for current term): or Date of current appointment/ employment
Please check the appropriate box and fill in all requested information as it is applicable on today's date			
Reporting individual	Office / Board or Commission / Agency Name	Date Assumed Office, Employed, or Appointed	
Appointed To	MORTGAGE FINANCE AUTHORITY, NEW MEXICO	02/05/2020	
Appointed To	NM MORTGAGE FINANCE AUTHORITY	02/05/2020	
Appointed To	NM MORTGAGE FINANCE AUTHORITY	02/05/2020	
3. REPORTING INDIVIDUAL - Employer Information			
Employer Centinel Bank of Taos		Employer's Phone Number (575) 758-6700	
P.O. Box or Street Address of Employer 512 Paseo del Pueblo Sur		City Taos	State NM
		Zip 87571	
Title or Position held by reporting individual President / CEO		Nature of business or occupation Banking	
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information			
Last Name Reyes	First Name Deanna	Middle	
Name of Spouse's Employer NA			

Address of Spouse's Employer NA			
City Taos	State NM	Zip 87571	
Spouse's title or position held NA		Nature of business or occupation NA	
5. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Income Source(s) Sources of Gross Income over \$5,000.00* *For the list of all sources, see page 4.			
In the space provided below, indicate all sources of gross income of more than \$5,000 during the prior calendar year to each person covered by this disclosure, i.e., reporting individual or their spouse or indicate not applicable.			
Please note: Only the source(s) of income need to be reported. You do not need to report the amount received. If 'other', please include a brief description.			
Income source (*see pg. 4):		Received by (list the name of the reporting individual or spouse):	
FINANCE AND BANKING		Angel Andres Reyes	
6. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Areas of Specialization If the reporting individual or their spouse is involved in a law practice, consulting operation or similar business, please include the information in the space provided below or indicate not applicable:			
Describe the major areas of specialization or sources of income.		Received by (list the name of the reporting individual or spouse):	
7. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Consulting and/or Lobbying If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:			
Client name & address:		Represented by: List the name of the reporting individual's firm or spouse's firm	
8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate Real estate owned in New Mexico (other than personal residence):			
Owner	County	General Description	
Angel Andres Reyes	Taos	Commercial Condominium	
Angel Andres Reyes	Taos	Real Estate	
Deanna Reyes	Taos	Real Estate	
9. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Other Business Business Interests over \$10,000.00 List any other business interests in New Mexico of \$10,000 or more in the space provided:			
Name of business:	Position held:	General statement of business purpose:	Received by (list the name of the reporting individual or spouse):
Centinel Bank Shares, Inc	President	Bank Holding Company	Angel Andres Reyes

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

Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico:

Name of business:	Board member (list the name of the reporting individual or spouse):
Centinel Bank of Taos	Angel Andres Reyes
Centinel Bank Shares, Inc	Angel Andres Reyes

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

Professional licenses held in New Mexico:

Type of license:	Individual holding license (list the name of the reporting individual or spouse):
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12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE**Goods and/or Services Provided to State Agencies**

State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the prior calendar year:

State agency to which goods and/or services were provided:	Individual providing goods or services (list the name of the reporting individual or spouse):
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13. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE**State Agency Representation**

List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)

State agency (other than a court):	Individual assisting client (list the name of the reporting individual or spouse):
---	---

14. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – General Information

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

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

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

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

Signature: Angel Reyes	Date: 02/06/2026
Printed Name: Angel Reyes	



**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

2026 Financial Disclosure Report

1. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Valdo	First Name Derek	Middle Name Colin	
Residence Address XXXXXX	Email Address XXXXXX		
City XXXXXX	State XXXXXX	Zip XXXXXX	
Mailing Address XXXXXX			
City XXXXXX	State XXXXXX	Zip XXXXXX	
2. REPORTING INDIVIDUAL – Current Filing Status			Date assumed office (for current term): or Date of current appointment/ employment
Please check the appropriate box and fill in all requested information as it is applicable on today's date			
Reporting individual	Office / Board or Commission / Agency Name	Date Assumed Office, Employed, or Appointed	
Appointed To	NM MORTGAGE FINANCE AUTHORITY	02/05/2020	
Appointed To	NM MORTGAGE FINANCE AUTHORITY	01/01/2024	
3. REPORTING INDIVIDUAL - Employer Information			
Employer AMERIND Risk Management Corporation		Employer's Phone Number (505) 404-5000	
P.O. Box or Street Address of Employer 502 Cedar Drive		City Santa Ana Pueblo	State NM
		Zip 87004	
Title or Position held by reporting individual Chief Executive Officer		Nature of business or occupation Federal Tribal Corporation	
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information			

5. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Income Source(s)

Sources of Gross Income over \$5,000.00*

*For the list of all sources, see page 4.

In the space provided below, indicate **all** sources of gross income of **more than** \$5,000 during the prior calendar year to each person covered by this disclosure, i.e., reporting individual or their spouse or indicate not applicable.

Please note: Only the source(s) of income need to be reported. **You do not need to report the amount received. If 'other', please include a brief description.**

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

6. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Areas of Specialization

If the reporting individual or their spouse is involved in a law practice, consulting operation or similar business, please include the information in the space provided below or indicate not applicable:

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

7. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Consulting and/or Lobbying

If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:

Client name & address:	Represented by: List the name of the reporting individual's firm or spouse's firm
-----------------------------------	--

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

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

Owner	County	General Description
--------------	---------------	----------------------------

9. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Other Business

Business Interests over \$10,000.00 List any other business interests in New Mexico of \$10,000 or more in the space provided:

Name of business:	Position held:	General statement of business purpose:	Received by (list the name of the reporting individual or spouse):
1st Sovereign Capital Ltd	Co-Founder	Any lawful activity for which corporations may be organized including but not to business operations, advisory, services and commercial enterprise.	Derek Colin Valdo

10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE

Board Membership

Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico:

Name of business:	Board member (list the name of the reporting individual or spouse):
--------------------------	--

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

Professional licenses held in New Mexico:

Type of license:	Individual holding license (list the name of the reporting individual or spouse):
-------------------------	--

12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE

Goods and/or Services Provided to State Agencies

State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the prior calendar year:

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

13. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE

State Agency Representation

List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)

State agency (other than a court):	Individual assisting client (list the name of the reporting individual or spouse):
---	---

14. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – General Information

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

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

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

Signature: Derek C. Valdo	Date: 01/27/2026
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

2026 Financial Disclosure Report

1. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Montoya	First Name Laura	Middle Name M	
Residence Address XXXXXX	Email Address XXXXXX		
City XXXXXX	State XXXXXX	Zip XXXXXX	
Mailing Address XXXXXX			
City XXXXXX	State XXXXXX	Zip XXXXXX	
2. REPORTING INDIVIDUAL – Current Filing Status			Date assumed office (for current term): or Date of current appointment/ employment
Please check the appropriate box and fill in all requested information as it is applicable on today's date			
Reporting individual	Office / Board or Commission / Agency Name		Date Assumed Office, Employed, or Appointed
Candidate	State Treasurer,		N/A
Incumbent	State Treasurer,		01/01/2023
3. REPORTING INDIVIDUAL - Employer Information			
Employer state of NM		Employer's Phone Number (505) 955-1120	
P.O. Box or Street Address of Employer PO Box 1055		City Santa Fe	State NM
		Zip 87505	
Title or Position held by reporting individual State Treasurer		Nature of business or occupation state treasury	
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information			

5. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Income Source(s)**Sources of Gross Income over \$5,000.00***

*For the list of all sources, see page 4.

In the space provided below, indicate **all** sources of gross income of **more than** \$5,000 during the prior calendar year to each person covered by this disclosure, i.e., reporting individual or their spouse or indicate not applicable.

Please note: Only the source(s) of income need to be reported. **You do not need to report the amount received. If 'other', please include a brief description.**

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

6. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Areas of Specialization

If the reporting individual or their spouse is involved in a law practice, consulting operation or similar business, please include the information in the space provided below or indicate not applicable:

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

7. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Consulting and/or Lobbying

If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:

Client name & address:	Represented by: List the name of the reporting individual's firm or spouse's firm

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

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

Owner	County	General Description

9. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Other Business

Business Interests over \$10,000.00 List any other business interests in New Mexico of \$10,000 or more in the space provided:

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

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

Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico:

Name of business:	Board member (list the name of the reporting individual or spouse):

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

Professional licenses held in New Mexico:

Type of license:	Individual holding license (list the name of the reporting individual or spouse):

12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE

Goods and/or Services Provided to State Agencies

State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the prior calendar year:

State agency to which goods and/or services were provided:	Individual providing goods or services (list the name of the reporting individual or spouse):
TREASURER, STATE	Laura Montoya

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: Laura M. Montoya	Date: 02/03/2026
Printed Name: Laura Montoya	



**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

2026 Financial Disclosure Report

1. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Traynor	First Name Randy	Middle Name L	
Residence Address XXXXXX		Email Address XXXXXX	
City XXXXXX	State XXXXXX	Zip XXXXXX	
Mailing Address XXXXXX			
City XXXXXX	State XXXXXX	Zip XXXXXX	
2. REPORTING INDIVIDUAL – Current Filing Status			Date assumed office (for current term): or Date of current appointment/ employment
Please check the appropriate box and fill in all requested information as it is applicable on today's date			
Reporting individual	Office / Board or Commission / Agency Name	Date Assumed Office, Employed, or Appointed	
Appointed To	MORTGAGE FINANCE AUTHORITY, NEW MEXICO	07/22/2024	
3. REPORTING INDIVIDUAL - Employer Information			
Employer Traynor Associates, LLC		Employer's Phone Number	
P.O. Box or Street Address of Employer 12907 Calle de Sandias NE		City Albuquerque	State NM
		Zip 87111	
Title or Position held by reporting individual Owner		Nature of business or occupation Contract Lobbyist	
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information			
Last Name Maestas-Traynor	First Name Debbie	Middle A.	
Name of Spouse's Employer Maestas Consulting			
Address of Spouse's Employer 12907 Calle de Sandias NE			
City Albuquerque	State NM	Zip 87111	

Spouse's title or position held Own	Nature of business or occupation Contract Lobbyist
---	--

5. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Income Source(s)
Sources of Gross Income over \$5,000.00*
 *For the list of all sources, see page 4.

In the space provided below, indicate **all** sources of gross income of **more than** \$5,000 during the prior calendar year to each person covered by this disclosure, i.e., reporting individual or their spouse or indicate not applicable.

Please note: Only the source(s) of income need to be reported. **You do not need to report the amount received.**
If 'other', please include a brief description.

Income source (*see pg. 4):	Received by (list the name of the reporting individual or spouse):
Contract Lobbying	Debbie A. Maestas-Traynor
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
Contract Lobbying	Randy L 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 Associatioin of NM 6755 Academy Rd NE, Ste B, Albuquerque, NM 87109	Traynor Associates, LLC
New Mexico Academy of Nutrition and Dietetics PO Box 15787, Santa FE, NM 87592	Maestas Consulting, LLC
New Mexico Acedemy of Nutrition and Dietetics PO Box 15787, Santa Fe, NM 87592	Traynor Associates, LLC
New Mexico Automoitve 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 Hygiest Association PO Box 40474, Albuquerque, NM 87196	Traynor Associates, LLC
New Mexico Home Builders Association 4100 Wolcott Ave NE, Albuquerque, NM 87109	Traynor Associates, LLC
Pharmaceutical Research and Manufacturers of America 670 Maine Ave. SW, Ste 1000, Washington, DC 20024	Maestass Consulting, LLC
Recreational Vehicle Industry Associaiton 2465 J-17 Centerville Rd, #801, Herndon, VA 20171	Traynor Associates, 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		
Strong Medicine P640 Box 923, Albuquerque, NM 87199	Maestas Consulting, LLC		
Strong Medicine PO Box 92364, Albuquerque, NM 87199	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	
9. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Other Business			
Business Interests over \$10,000.00 List any other business interests in New Mexico of \$10,000 or more in the space provided:			
Name of business:	Position held:	General statement of business purpose:	Received by (list the name of the reporting individual or spouse):
10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE			
Board Membership			
Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico:			
Name of business:		Board member (list the name of the reporting individual or spouse):	
11. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Professional License(s)			
Professional licenses held in New Mexico:			
Type of license:		Individual holding license (list the name of the reporting individual or spouse):	
12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE			
Goods and/or Services Provided to State Agencies			
State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the prior calendar year:			
State agency to which goods and/or services were provided:		Individual providing goods or services (list the name of the reporting individual or spouse):	
13. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE			
State Agency Representation			
List each state agency before which you or your spouse represented or assisted a client during the past year: (do not include courts)			
State agency (other than a court):		Individual assisting client (list the name of the reporting individual or spouse):	
14. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – General Information			
Provide other financial interest or additional information you believe should be noted to describe potential areas of interest that should be disclosed, or (as applicable) you believe or have reason to believe, may be affected by your official acts:			

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

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

Signature: Randy L. Traynor	Date: 01/27/2026
Printed Name: Randy 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

2026 Financial Disclosure Report

1. REPORTING INDIVIDUAL – Contact Information			
Please provide all information requested in the space below.			
Last Name Torrez	First Name Raúl	Middle Name	
Residence Address XXXXXX	Email Address XXXXXX		
City XXXXXX	State XXXXXX	Zip XXXXXX	
Mailing Address XXXXXX			
City XXXXXX	State XXXXXX	Zip XXXXXX	
2. REPORTING INDIVIDUAL – Current Filing Status			Date assumed office (for current term): or Date of current appointment/ employment
Please check the appropriate box and fill in all requested information as it is applicable on today's date			
Reporting individual	Office / Board or Commission / Agency Name	Date Assumed Office, Employed, or Appointed	
Candidate	Attorney General,	N/A	
Incumbent	Attorney General,	01/01/2023	
Appointed To	MORTGAGE FINANCE AUTHORITY, NEW MEXICO	01/01/2023	
3. REPORTING INDIVIDUAL - Employer Information			
Employer State of New Mexico		Employer's Phone Number	
P.O. Box or Street Address of Employer 407 Galisteo St.		City Santa Fe	State NM
		Zip 87501	
Title or Position held by reporting individual Attorney General		Nature of business or occupation Attorney	
4. SPOUSE OF REPORTING INDIVIDUAL – Employer Information			
Last Name Torrez	First Name Nasha	Middle	
Name of Spouse's Employer University of New Mexico			

Address of Spouse's Employer University of New Mexico, MSC 063830, 1 University of New Mexico			
City Albuquerque	State NM	Zip 87131	
Spouse's title or position held Dean of Students		Nature of business or occupation Academics	
5. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Income Source(s) Sources of Gross Income over \$5,000.00* *For the list of all sources, see page 4.			
In the space provided below, indicate all sources of gross income of more than \$5,000 during the prior calendar year to each person covered by this disclosure, i.e., reporting individual or their spouse or indicate not applicable.			
Please note: Only the source(s) of income need to be reported. <u>You do not need to report the amount received. If 'other', please include a brief description.</u>			
Income source (*see pg. 4):	Received by (list the name of the reporting individual or spouse):		
GOVERNMENT	Nasha Torrez		
GOVERNMENT	Raúl Torrez		
6. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Areas of Specialization If the reporting individual or their spouse is involved in a law practice, consulting operation or similar business, please include the information in the space provided below or indicate not applicable:			
Describe the major areas of specialization or sources of income.	Received by (list the name of the reporting individual or spouse):		
7. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE - Consulting and/or Lobbying If the spouse or a person in the reporting person's or spouse's law firm, consulting operation or similar business is or was a registered lobbyist in the previous two years, disclose all clients represented:			
Client name & address:	Represented by: List the name of the reporting individual's firm or spouse's firm		
8. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Real Estate Real estate owned in New Mexico (other than personal residence):			
Owner	County	General Description	
9. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE – Other Business Business Interests over \$10,000.00 List any other business interests in New Mexico of \$10,000 or more in the space provided:			
Name of business:	Position held:	General statement of business purpose:	Received by (list the name of the reporting individual or spouse):
10. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE Board Membership Memberships held by reporting individual or their spouse on boards of for-profit businesses in New Mexico:			
Name of business:		Board member (list the name of the reporting individual or spouse):	

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

Professional licenses held in New Mexico:

Type of license:	Individual holding license (list the name of the reporting individual or spouse):
State Bar of New Mexico - Law License	Nasha Torrez
State Bar of New Mexico - Law License	Raúl Torrez

**12. REPORTING INDIVIDUAL & REPORTING INDIVIDUAL'S SPOUSE
Goods and/or Services Provided to State Agencies**

State agencies to which the reporting individual or their spouse provided goods or services to in excess of \$5,000 during the prior calendar year:

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

**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: Raul Torrez	Date: 01/31/2026
Printed Name: Raúl Torrez	

EXHIBIT C

MULTIFAMILY BOND DISCLOSURE STATEMENT

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

From: Billy J. Jimenez, Proxy for Member Attorney General Raul Torrez
(Member, Proxy, Management, Employee)

Date: March 3, 2026

RE: **Multifamily Housing Bonds** _____ **[program name(s) and project] Series** _____ **and Multifamily Housing Bonds** _____ **[program name(s) and project] Series** _____.

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 any transaction or enterprise financially related to or in any manner connected with the Multifamily Housing Revenue Bond issue cited above. If the answer is "**none**", please write "**none**".

Name of Business:
None

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

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 MFA program or transaction as described above or learns of a Family member having or acquiring an interest in MFA program or transaction, as described above.

Signed: Billy Jimenez  Digitally signed by Billy Jimenez
Date: 2026.03.03 13:24:31 -07'00'

NOTE: Use additional sheets as necessary.

EXHIBIT C

MULTIFAMILY BOND DISCLOSURE STATEMENT

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

From: Angel Reyes
(Member, Proxy, Management, Employee)

Date: 2/6/2026

RE: Multifamily Housing Bonds All [program name(s) and project] Series All and Multifamily Housing Bonds All [program name(s) and project] Series All.

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 any transaction or enterprise financially related to or in any manner connected with the Multifamily Housing Revenue Bond issue cited above. If the answer is "none", please write "none".

Name of Business:
None

If Employee Transaction, approximate value of the Transaction, if applicable:
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 MFA program or transaction as described above or learns of a Family member having or acquiring an interest in MFA program or transaction, as described above.

Signed: Angel Reyes
Digitally signed by Angel Reyes
Date: 2026.02.06 10:01:20 -07'00'

NOTE: Use additional sheets as necessary.

EXHIBIT C

MULTIFAMILY BOND DISCLOSURE STATEMENT

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

From: Derek Valdo

(Member, Proxy, Management, Employee)

Date: 01/27/2026

RE: Multifamily Housing Bonds NMMFA- 4% Bonds January 1,2026- December 31,206 [program name(s) and project] Series Various and Multifamily Housing Bonds N/A [program name(s) and project] Series N/A .

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 any transaction or enterprise financially related to or in any manner connected with the Multifamily Housing Revenue Bond issue cited above. If the answer is "none", please write "none".

Name of Business:

AMERIND Risk Management Corporation 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. There is presently no conflict of interest related to these policies. Disclosure is made only to identify the nature of the relationship between

AMERIND 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:

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 MFA program or transaction as described above or learns of a Family member having or acquiring an interest in MFA program or transaction, as described above.

Signed:



Digitally signed by: S:1-12-1-1468649312-1332497174-4323204786-1421059422c3650805-8d51-4ed5-82de-a293a8d1f55login.windows.net04ae673-7ccb-4464-9293-8608cf6e57780valdo@amerind.com CN: S:1-12-1-1468649312-1332497174-4323204786-1421059422c3650805-8d51-4ed5-82de-a293a8d1f55login.windows.net04ae673-7ccb-4464-9293-8608cf6e57780valdo@amerind.com Date: 2026.01.27 15:49:18 -0700

NOTE: Use additional sheets as necessary.

EXHIBIT C

MULTIFAMILY BOND DISCLOSURE STATEMENT

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

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

Date: 1/27/26

RE: Multifamily Housing Bonds 47 Bonds 1/1/26 [program name(s)]
and project] Series Various and Multifamily Housing Bonds N/A
[program name(s) and project] Series N/A

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 any transaction or enterprise financially related to or in any manner connected with the Multifamily Housing Revenue Bond issue cited above. If the answer is "none", please write "none".

Name of Business:

None

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

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 MFA program or transaction as described above or learns of a Family member having or acquiring an interest in MFA program or transaction, as described above.

Signed: Randy L. Traylor

NOTE: Use additional sheets as necessary.

EXHIBIT C

MULTIFAMILY BOND DISCLOSURE STATEMENT

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

From: Rebecca Wurzburger
(Member, Proxy, Management, Employee)

Date: February 5, 2026

RE: **Multifamily Housing Bonds** 4% Bonds January 1, 2026- December 31, 2026 [program name(s)
and project] Series Various **and Multifamily Housing Bonds** n/a
[program name(s) and project] Series n/a.

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 any transaction or enterprise financially related to or in any manner connected with the Multifamily Housing Revenue Bond issue cited above. If the answer is "none", please write "none".

Name of Business:
NONE

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

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 MFA program or transaction as described above or learns of a Family member having or acquiring an interest in MFA program or transaction, as described above.

Signed: Rebeccawurzburger
Rebeccawurzburger (Feb 5, 2026 14:20:16 MST)

NOTE: Use additional sheets as necessary.







EXHIBIT C - Multifamily Bond Disclosure-RW

Final Audit Report

2026-02-05

Created:	2026-02-05
By:	Dominique Zuni (dzuni@housingnm.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAHdaP2uxFskEnsR3bDCCjYpG_iuWEbsp-

"EXHIBIT C - Multifamily Bond Disclosure-RW" History

-  Document created by Dominique Zuni (dzuni@housingnm.org)
2026-02-05 - 2:52:13 PM GMT
-  Document emailed to rebeccawurzbürger@gmail.com for signature
2026-02-05 - 2:52:33 PM GMT
-  Email viewed by rebeccawurzbürger@gmail.com
2026-02-05 - 4:27:50 PM GMT
-  Signer rebeccawurzbürger@gmail.com entered name at signing as Rebeccawurzbürger
2026-02-05 - 9:20:14 PM GMT
-  Document e-signed by Rebeccawurzbürger (rebeccawurzbürger@gmail.com)
Signature Date: 2026-02-05 - 9:20:16 PM GMT - Time Source: server
-  Agreement completed.
2026-02-05 - 9:20:16 PM GMT