## California Lawyers Association

FPPC Form 801: Payment to Agency Report – A Public Document

Date of Original Filing: January 2, 2025

## 1. Agency Name

Franchise Tax Board

### **Division, Department of Region**

Legal Division, Finance and Executive Services Division, Audit Division, and Administrative Services Division

#### Street Address

9646 Butterfield Way, Sacramento, CA 95827

#### **Area Code/Phone Number**

916-845-4978

#### **Email**

Melody.Scullary@ftb.ca.gov

#### Agency Contact (name and title)

Melody Scullary, Attorney V

#### 2. Donor Name and Address

California Lawyers Association

#### Address

400 Capitol Mall, Suite 650, Sacramento, CA 95814

## 3. Payment Information

## 3.1(a) Travel Payment

#### **Location of Travel**

Anaheim, CA

#### **Dates**

November 6 through 8, 2024

#### **Transportation Provider**

Southwest

#### Name of Lodging Facility

#### **Lodging Expenses**

\$4,881.35

#### **Meal Expenses**

\$1,572.11

#### **Transportation Expenses**

\$4,734.72

#### Other Expenses

\$705.07

#### **Total Expenses**

\$11,893.25

## 3.1(b) Payments Not Related to Travel

\$0.00

# 3.2 Payment Description. Provide a specific description of the payment and its agency purpose and use.

In-state travel, transportation, lodging, meals, and incidentals to attend the 2024 California Tax Policy Conference in Anaheim, California. All 14 Franchise Tax Board employees were participants at the conference.

## 3.3 Identify the officials who used the payment in Section 3.1 and their division

#### **Legal Division**

Christopher Casselman

Noel Garcia-Rosenblum

Shane Hofeling

Ronald Hofsdal

Roman Johnston

Jenna Lewis

Carissa Lynch

Matthew Miller

Raymond Rouse

Delinda Tamagni

Jaclyn Zumaeta

#### Finance and Executive Services Divisionudit Division

**Denis Armstrong** 

#### **Audit Division**

Madhvi Shah

#### Administrative Services Division

Angela Jones

#### 4. Verification

I authorized the acceptance of the reported payments as in compliance with FPPC regulations.

### **Signature**

Original Form 801 signed by Carol D. Williams

#### **Print Name**

Carol D. Williams

#### **Title**

Administrative Services Division Chief

## (month, day, year)

01/02/2025

#### **Comment:**

(Additional information) None