

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
County of San Diego
Division, Department, or Region (if applicable)
Department of Animal Services
Street Address
5821 Sweetwater Rd. Bonita CA. 91902
Area Code/Phone Number
760.845.7913
Email
karla.orduno@sdcounty.ca.gov
Agency Contact (name and title)
Karla Orduno, Admin Analyst 1
Date Stamp
California Form 801
For Official Use Only
COST CLERK OF THE BOARD
2026 APR 23 PM 4:15
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual Other
Best Friends Animal Society
5001 Angel Canyon Rd Kanab UT 84741
Address City State Zip Code
Nonprofit organization that focuses on achieving no-kill status in all US shelters by sharing resources, grants and best pra
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
Salt Lake City, Utah
Location of Travel
May 6th, 2026 to May 9th, 2026
Dates (month, day, year)
Southwest Airlines
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Hyatt House Salt Lake City
Name of Lodging Facility
\$ 1,973.64 \$ 1,125.00 \$ 901.36 \$
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses
Total Expenses \$ 4,000.00
3.1 (b) Payment(s) not related to travel:
Dates (month, day, year) \$ Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Travel payment (hotel accommodations, transportation, meals and conference registrations for 4 shelter staff) were used to attend a Best Friends convention in Salt Lake City, Utah. Conference helps empower animal welfare professionals by discussing practical strategies and helping network with other animal welfare shelters/organizations.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
N/A
Last Name First Name Position/Title Department/Division
N/A
Last Name First Name Position/Title Department/Division

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Briana Sarvis
Digitally signed by Briana Sarvis
Date: 2026.04.23 08:53:58 -0700
Signature Print Name Title (month, day, year)

Comment:
(Use this space or an attachment for any additional information)

