

AMENDMENT NO. ____
TO
ORDINANCE NO. BL2020-550

Mr. President –

I. I hereby move to amend Ordinance No. BL2020-550 by amending Section 4, as follows:

Section 4. That Section 2.222.030, Subsection C, of the Metropolitan Code of Laws is hereby ~~amended as follows~~ amended by deleting the subsection in its entirety and substituting in lieu thereof the following:

C. Annual benefits disclosures. In addition to the foregoing, each employee included in subsection A of this section shall file a benefits report, in form and substance as attached below, with the metropolitan clerk on or before January 31 for the year ended December 31 of the preceding year. The benefits disclosure statement shall include anything of value received by the employee during the previous year other than donations in connection with political campaigns made and reported in compliance with Tennessee election laws.

1. Said benefits report may be filed either electronically or in written paper form. The metropolitan clerk, working with the department of information technology services, shall develop a method for electronic filing through the clerk's website.

2. For benefits reports filed in paper form, the report must be personally signed by the employee and attested under penalty of perjury as being true to the best of that employee's information and belief.

~~2.~~3. For benefits reports filed electronically, the report must include the printed first and last name of the employee who shall indicate on the form under penalty of perjury that the information contained therein is true to the best of that employee's information and belief.

4. The annual disclosure statement shall require the information set forth in the following form:

ANNUAL BENEFIT REPORTING STATEMENT

EMPLOYEE NAME: _____

For the year ending December 31 _____ (year).

Use additional sheets of paper as necessary.

Instructions:

List Anything of Value you have received, as defined in Chapter 2.222 of the Metropolitan Code of Laws.

Benefit type may be described by reference to the following abbreviations:

M = Meals, food, and beverage items

A = Admissions, tickets to events, or other access (including parking)

T = Travel expense

O = Other (describe)

Source: Date: Benefit Type and Description: Value:

Under penalty of perjury, the information contained herein is true to the best of my information and belief.

Signature of Employee

Date

II. I further move to amend Ordinance No. BL2020-550 by adding a new Section 5 and renumbering the remaining sections accordingly:

Section 5. That Section 2.222.030, Subsection B.4.8, of the Metropolitan Code of Laws is hereby amended as follows:

Do you or your spouse have any debts in excess of \$5,000 which are secured by a guarantee or collateral of any individual other than a family member or a relative by blood or marriage?

_____ Yes _____ No

If Yes, describe each: _____

Under penalty of perjury, the information contained herein is true to the best of my information and belief.

Signature of Employee

Date

SPONSORED BY:

Courtney Johnston
Member of Council