

# **SEATTLE CITY COUNCIL**

## **Legislative Summary**

### CB 119094

|               | Record No.:                                                                                  | CB 119094                                                                                                                                                     | Type: Ordina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nce (Ord)                                                                                                                                           | Status:                                                          | Passed                  |         |
|---------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------|---------|
|               | Version:                                                                                     | 1                                                                                                                                                             | Ord. no: Ord 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5426                                                                                                                                                | In Control:                                                      | City Clerk              |         |
|               |                                                                                              |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | F                                                                                                                                                   | ile Created:                                                     | 09/28/2017              | 7       |
|               |                                                                                              |                                                                                                                                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | F                                                                                                                                                   | inal Action:                                                     | 10/05/2017              | 7       |
|               | Title:                                                                                       | AN ORDINANCE appropriating money to pay certain audited claims and ordering the payment thereof.                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     |                                                                  |                         |         |
|               |                                                                                              |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     |                                                                  | <u>Date</u>             |         |
|               | Notes:                                                                                       |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Filed with C                                                                                                                                        | ity Clerk:                                                       |                         |         |
|               |                                                                                              | Mayor's Signature:                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     |                                                                  |                         |         |
|               | Sponsors:                                                                                    | Harrell                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Vetoed by M                                                                                                                                         | ayor:                                                            |                         |         |
|               |                                                                                              |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Veto Overrio                                                                                                                                        | lden:                                                            |                         |         |
|               |                                                                                              |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Veto Sustair                                                                                                                                        | ned:                                                             |                         |         |
| P             | Attachments:                                                                                 |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                                                                                                   |                                                                  |                         |         |
|               | Drafter:                                                                                     | linda.diibon@seattle.gov                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     |                                                                  |                         |         |
|               |                                                                                              |                                                                                                                                                               | , F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | iling Requirements/De                                                                                                                               | ept Action:                                                      |                         |         |
|               |                                                                                              |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     |                                                                  |                         |         |
|               |                                                                                              |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     |                                                                  |                         |         |
| listo         | ory of Legisla                                                                               | ative File                                                                                                                                                    | Legal N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | otice Published:                                                                                                                                    | ☐ Yes                                                            | □ No                    |         |
| Ver-          | ory of Legisla                                                                               | ative File                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | otice Published:                                                                                                                                    | ☐ Yes                                                            | □ No  Return Date:      | Result: |
|               |                                                                                              |                                                                                                                                                               | Action:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                     |                                                                  | Return                  | Result: |
| Ver-<br>sion: | Acting Body:                                                                                 | Date:<br>10/02/2017<br>The Council Bill (CB) w                                                                                                                | Action:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sent To:                                                                                                                                            |                                                                  | Return                  | Result: |
| Ver-<br>sion: | Acting Body: Full Council Action Text:                                                       | Date:<br>10/02/2017<br>The Council Bill (CB) w                                                                                                                | Action: referred as referred. to the Full Coun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sent To:                                                                                                                                            |                                                                  | Return                  | Result: |
| Ver-<br>sion: | Acting Body: Full Council Action Text: Notes:                                                | Date:  10/02/2017 The Council Bill (CB) w  10/02/2017 The Motion carried, the                                                                                 | Action: referred as referred. to the Full Coun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sent To: Full Council cil                                                                                                                           | Due Date:                                                        | Return<br>Date:         |         |
| Ver-<br>sion: | Acting Body:  Full Council  Action Text:  Notes:  Full Council                               | The Council Bill (CB) w  10/02/2017 The Motion carried, the the Bill: Motion was made                                                                         | referred as referred. to the Full Coun passed Council Bill (CB) was passe and duly seconded to the full Council Bill (CB) was passed and duly seconded to the full Councilment Ball (Councilment Ball Councilment | Sent To: Full Council cil ed by the following vote, a                                                                                               | Due Date:  and the Preside  119094.  González , Counember Juarez | Return Date: ent signed | Pass    |
| Version:      | Acting Body:  Full Council    Action Text:    Notes:  Full Council    Action Text:    Notes: | The Council Bill (CB) w  10/02/2017 The Motion carried, the the Bill: Motion was made In Favo                                                                 | referred as referred. to the Full Coun passed Council Bill (CB) was passe and duly seconded to the full Council Bill (CB) was passed and duly seconded to the full Councilmember Bander Councilmember O'B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sent To:  Full Council cil  od by the following vote, a o pass Council Bill gshaw, Councilmember of ember Johnson, Councilr Brien, Councilmember Sa | Due Date:  and the Preside  119094.  González , Counember Juarez | Return Date: ent signed | Pass    |
| Ver-<br>sion: | Full Council Action Text: Notes: Full Council Action Text:                                   | Date:  10/02/2017 The Council Bill (CB) w  10/02/2017 The Motion carried, the the Bill: Motion was made In Favo  Oppose  10/04/2017 The Council Bill (CB) was | referred as referred. to the Full Coun passed Council Bill (CB) was passe and duly seconded to the full Council Bill (CB) was passed and duly seconded to the full Councilmember Bander Councilmember O'B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sent To:  Full Council cil  of by the following vote, a o pass Council Bill gshaw, Councilmember of ember Johnson, Councilr Brien, Councilmember Sa | Due Date:  and the Preside  119094.  González , Counember Juarez | Return Date: ent signed | Pass    |

#### Legislative Summary Continued (CB 119094)

1 Mayor

10/05/2017 returned

City Clerk

1 City Clerk

10/05/2017 attested by City Clerk

Action Text: The Ordinance (Ord) was attested by City Clerk.

Notes:

# CITY OF SEATTLE ORDINANCE 125426

COUNCIL BILL 119094

AN ORDINANCE appropriating money to pay certain audited claims and ordering the payment thereof.

#### BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

Section 1. Payment of the sum of \$34,170,038.23 on Summit mechanical warrants numbered 4002870766 - 4002873231 plus manual or cancellation issues for claims, E-Payables of \$78,145.45 on Summit 9000029248 – 9000029321 and Electronic Financial Transactions (EFT) in the amount of \$28,984,199.15 are presented for ratification by the City Council per Chapter RCW 42,24.180.

Section 2. Payment of the sum of \$46,375,221.38 on City General Salary Fund mechanical warrants numbered 51282948 - 51283674 plus manual warrants, agencies warrants, and direct deposits numbered 390001 - 402697 representing Gross Payrolls for payroll ending date September 19, 2017 as detailed in the Payroll Summary Report for claims against the City which were audited by the Auditing Committee and reported by said committee to the City Council September 28, 2017 consistent with appropriations heretofore made for such purpose from the appropriate Funds, is hereby approved.

Section 3. That any act consistent with the authority and prior to the effective date of this ordinance is hereby ratified and confirmed.

| 1    | Section 4. This ordinance shall take effect and be in force 30 days after its approval l        |  |  |  |  |
|------|-------------------------------------------------------------------------------------------------|--|--|--|--|
| 2    | the Mayor, but if not approved and returned by the Mayor within ten days after presentation, it |  |  |  |  |
| 3    | shall take effect as provided by Seattle Municipal Code Section 1.04.020.                       |  |  |  |  |
| 4    | Passed by the City Council the _2nd day ofOctober, 2017, and                                    |  |  |  |  |
| 5    | Signed by me in open session in authentication of its passage this                              |  |  |  |  |
| 6    | 2nd day ofOctober, 2017.                                                                        |  |  |  |  |
| 7    |                                                                                                 |  |  |  |  |
| 8    | 1203 JOHNSON                                                                                    |  |  |  |  |
| 9    | President Pro Tem of the City Council                                                           |  |  |  |  |
| 10   |                                                                                                 |  |  |  |  |
| 11   | Approved by me this $\frac{5^{44}}{100}$ day of $\frac{0 \text{ do ber}}{100}$ , 2017.          |  |  |  |  |
| 12   | $\Omega_{\mathcal{A}}$                                                                          |  |  |  |  |
| 13   |                                                                                                 |  |  |  |  |
| 14   | Tim Burgess, Mayor                                                                              |  |  |  |  |
| 15   | -4h                                                                                             |  |  |  |  |
| 16   | Filed by me this 5 <sup>th</sup> day of OCTOBER , 2017.                                         |  |  |  |  |
| 17   | Q-860-                                                                                          |  |  |  |  |
| . 18 | JAMES J. SIMMONE                                                                                |  |  |  |  |
| 19   | Monica Martinez Simmons, City Clerk                                                             |  |  |  |  |
| 20   |                                                                                                 |  |  |  |  |
| 21.  |                                                                                                 |  |  |  |  |
| 22   | (Seal)                                                                                          |  |  |  |  |
| 23   |                                                                                                 |  |  |  |  |
|      |                                                                                                 |  |  |  |  |