



Candidate Name: Phil Pluckebaum  
Office Sought: Sacramento City Council, District 4  
Ballot Designation: Healthcare Project Manager  
Code of Fair Campaign Practices:  Yes  No  
Candidate Statement:  Yes  No  
FPPC Form 700: attached  
FPPC Campaign Filing Documents: [link to filings online](#)

Occupation: Healthcare Project Manager

Statement: I believe in Sacramento. I went to school here, met my wife here, and we raised our family here. Our city is at a critical juncture and it's time to move forward in a new direction. Our current city leadership has refused to take responsibility for critical challenges affecting our community, and we see the consequences of inaction everyday.

I'm running for city council to restore confidence and bring accountability to city hall. We need to clean up our streets, implement viable and timely solutions to address the homelessness crisis, curb rising crime rates, build affordable housing, improve city services and rebuild our public spaces.

Serving 8 years on the City Planning and Design Commission, I expanded affordable housing. As a project manager for UC Davis Health, I solve complex problems, fostering compromise and building lasting solutions.

I know how to bring people together. That is why I have diverse support from labor unions, business groups, public safety leaders, elected officials, neighborhood leaders, and education advocates.

Together, we can solve our challenges and restore the vibrancy of the city we love. I'd be honored to earn your vote. Visit [philpluckebaum.com](http://philpluckebaum.com) or call me at 9169568453

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Campaign Website	<a href="https://www.philpluckebaum.com/">https://www.philpluckebaum.com/</a>
Campaign Address	910 K St, Suite 310 Sacramento, CA 95814
Campaign Address Phone	(916) 956-8453
Campaign Manager Phone	Josh Heller
Campaign Media Contact	<a href="mailto:iosh@jsqgrp.com">iosh@jsqgrp.com</a>
Campaign Media Phone	(916) 718-0733

*(Campaign information is provided by the candidate, the Office of the City Clerk does not validate the information provided.)*



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Pluckebaum Phil

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Sacramento  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
candidate

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- State  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Sacramento  Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2022, through December 31, 2022.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2022.  The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election 3/5/24 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 74 PJP

Schedules attached

- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
[Redacted] Sacramento CA 95819  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
[Redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 11/28/23 (month, day, year) Signature \_\_\_\_\_ (File the originally signed paper statement with your filing official.)

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

*Investments must be itemized.  
Do not attach brokerage or financial statements.*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ NAME OF BUSINESS ENTITY  
American Funds

GENERAL DESCRIPTION OF THIS BUSINESS  
mutual fund

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
    /    /22          /    /22  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
TIAA-CREF

GENERAL DESCRIPTION OF THIS BUSINESS  
mutual fund

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
    /    /22          /    /22  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
    /    /22          /    /22  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
    /    /22          /    /22  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
    /    /22          /    /22  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
    /    /22          /    /22  
 ACQUIRED                  DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**

CertainPoint

Name \_\_\_\_\_

1401 21st St., suite R

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

---

**GENERAL DESCRIPTION OF THIS BUSINESS**  
IT consulting

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FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/22    ____/____/22
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

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YOUR BUSINESS POSITION    COO

**1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

---

**GENERAL DESCRIPTION OF THIS BUSINESS**

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FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/22    ____/____/22
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

---

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)

None    or     Names listed below

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)

None    or     Names listed below

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

---

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

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Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

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FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/22    ____/____/22
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

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Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

---

Check box if additional schedules reporting investments or real property are attached

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

---

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

---

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

---

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/22    ____/____/22
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

---

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

---

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

