

Candidate Information

March 5, 2024 Municipal Election



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 or call me at 9169568453

Campaign Website https://www.philpluckebaum.com/

Campaign Address 910 K St, Suite 310 Sacramento, CA 95814

Campaign Address Phone (916) 956-8453

Campaign Manager Phone Josh Heller

Campaign Media Contact josh@jsqgrp.com 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.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

WY TO SE	ease type or print in ink.					
	ME OF FILER (LAST)	(FIRST)			(MIDDLE)	
Market	luckebaum	Phil			C. SECOCOLAPO (COMPOS DE PARA DE RESENTANTO DE PARA DE	
1.	Office, Agency, or Cour	t 				
	Agency Name (Do not use acro	nyms)				
	City of Sacramento	triat if applicable		Varia Dacition		
	Division, Board, Department, Dis	тпст, іт арріісавіе		Your Position		
	City Council			candidate		
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
	Agency:			Position:		
- Section in	, igono).					
2.	Jurisdiction of Office (Check at least one box)				
	State			Judge, Retire (Statewide Ju		ge, or Court Commissioner
	Multi-County			County of		
	City of Sacramento			045		
3.	Type of Statement (Che	ck at least one box)	na transcription and an artist and an artist and an artist and artist artist and artist artist and artist artist and artist			
		ed is January 1, 2022, through		Leaving O	ffice: Date Left(Check one	
	-or-	ed is/	, through	☐ The per leaving	iod covered is January	1, 2022, through the date of
	Assuming Office: Date as	ssumedJ		☐ The per	riod covered is/_ e of leaving office.	, through
	Candidate: Date of Election	and 3/5/24 and	office sought, if		_	
4. Schedule Summary (required) ► Total number of pages including this cover page:		e: \$ U OB				
	Schedules attached				, ,	F/10
	Schedule A-1 - Investme	ents – schedule attached		Schedule C - Incom	ne, Loans, & Business	Positions – schedule attached
	Schedule A-2 - Investme				ne – Gifts – schedule a	
	Schedule B - Real Prop	erty - schedule attached		Schedule E - Incon	ne – Gifts – Travel Pay	ments - schedule attached
Del Del		ble interests on any sche	dule			
5.	Verification					
	MAILING ADDRESS STR (Business or Agency Address Recommer		CITY		STATE	ZIP CODE
			Sacrame	ento	CA	95819
	DAYTIME TELEPHONE NUMBER		E	MAIL ADDRESS		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information herein and in any attached schedules is true and complete. I acknowledge this is a public document.				wledge the information contained		
	I certify under penalty of perju	ury under the laws of the Sta	te of California	that the foregoin	g is true and correct.	
	Date Signed 11/28/23		Sian	nature		
	Date digited	nth, day, year)	Sigi		the originally signed paper state	ment 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	► NAME OF BUSINESS ENTITY	
	American Funds	TIAA-CREF	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	mutual fund	mutual fund	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other (Describe)	Stock Other (Describe)	
	Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499	
	☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on	Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
		OFNEDAL DECODISTION OF THE PUBLICA	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other(Describe)	Stock Other (Describe)	
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on	0-11-101
	Income Received of \$500 of More (Report on Scriedule C)	Income Received of \$500 of More (Report of	Scriedule ()
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	/ /22 / /22	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		//22	
_	NAME OF BURNESS SHITTY	NAME OF BUSINESS FUTITIV	
•	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
	GENERAL DESCRIPTION OF THIS BUSINESS	CENEDAL DESCRIPTION OF THE PHENESS	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000	
	S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other	
	(Describe)	(Describe)	
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on	Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
		//22	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
C	omments:		

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
CertainPoint	
Name 1401 21st St., suite R	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
IT consulting	CENTERVIE DESCRIPTION OF THIS BOSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 S100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION COO	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	\$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	► 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
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: _

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
UCDH				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
1651 Alhambra BlvdSacramento, CA 95816				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
project manager				
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only			
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000			
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
■ Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income			
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)			
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)			
Loan repayment	Loan repayment			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other(Describe)	Other(Describe)			
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD			
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:			
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)			
	%			
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN			
	None Personal residence			
BUSINESS ACTIVITY, IF ANY, OF LENDER	Notice Telephia residence			
	Real PropertyStreet address			
HIGHEST BALANCE DURING REPORTING PERIOD	Stieet addiess			
\$500 - \$1,000	City			
\$1,001 - \$10,000				
 \$10,001 - \$100,000	Guarantor			
OVER \$100,000				
	Other			
	(Describe)			
Comments:	(Describe)			