

MAR 29 2013
Official Use Only

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE



DANVILLE CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) DOYLE (FIRST) MICHAEL (MIDDLE) JOHN
2013 APR -8 PM 12:56

1. Office, Agency, or Court

Agency Name _____

Division, Board, Department, District, if applicable _____

Your Position _____

COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

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

- State
- Multi-County _____
- City of _____

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of CONTRA COSTA COUNTY
- Other _____

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is ____/____/____, through December 31, 2012.
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____

- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

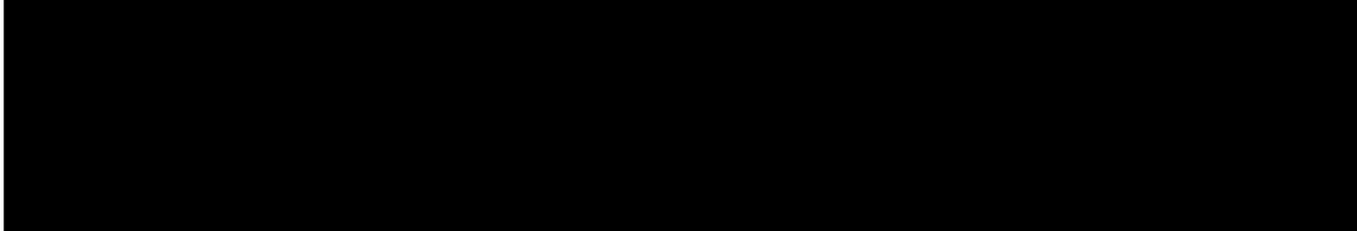
► Total number of pages including this cover page: 6

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached

- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of _____

Date Signed 03/29/2013
(month, day, year)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name MICHAEL JOHN DOYLE

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
TOWN OF DANVILLE

ADDRESS (Business Address Acceptable)
510 LA GONDA WAY, DANVILLE, CA 94526

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
COUNCIL MEMBER

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ST. ISIDORE'S CATHOLIC SCHOOL

ADDRESS (Business Address Acceptable)
440 LA GONDA WAY, DANVILLE, CA 94526

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
MICHAEL JOHN DOYLE

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
MORMON CHURCH TRAVEL CENTER

ADDRESS (Business Address Acceptable)
50 EAST NORTH TEMPLE STREET, SUITE 7M17

CITY AND STATE
SALT LAKE CITY, UTAH 84150

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 08 / 05 / 12 - 15 / 05 / 12 AMT: \$ 1,295.73
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

I was invited by the Mormon Church to be part of a
Documentary regarding "Berlin Air Lift" 1948 - 1949

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____

Subj: **Fwd: Final Travel Itinerary For DOYLE/MICHAEL JOHN - 08May - SFO TXL**
Date: 3/28/2012 11:28:18 A.M. Pacific Daylight Time
From: robertsjb@ldschurch.org
To: MikeD90830@aol.com
CC: ccsaunders57@gmail.com
Mike,

Attached is the final itinerary for your trip to Berlin. Let me know if anything appears amiss.

Thanks,

Jeff

Begin forwarded message:

From: Wendy Wilding <WildingWM@ldschurch.org>
Date: March 28, 2012 11:24:23 AM MDT
To: Jeff Roberts <robertsjb@ldschurch.org>
Subject: Final Travel Itinerary For DOYLE/MICHAEL JOHN - 08May - SFO TXL

Travel Approver or Supervisor: If you do not approve of this itinerary you must notify Church Travel Services by 4:30 pm the next business day. Unless otherwise notified, this itinerary is assumed to be approved.

*****ELECTRONIC TICKET HAS BEEN ISSUED*****

\$1295.73 per person

Confirmation and electronic ticket number
LH/5U7MI7

DOYLE/MICHAEL JOHN
ETKT: LH/220 7036449451

Travel Expense Report – Trip Number – 5U7MI7

- Ticket penalty/restrictions: This ticket is non-refundable with change penalties.
- Baggage restrictions: Please refer to the website and follow the most restrictive policy

International Travel:

- Please remember to be at the airport two hours in advance of travel with passport in hand.

Please review this itinerary and make sure it looks correct. I have 24 hours to void a ticket if we need to make any changes.

If you have any questions, please give me call at 801-240-1539.

Thank you,

Wendy M. Wilding, CTC

LDS Church Travel
 801-240-1359
wildingwm@ldschurch.org

CHURCH TRAVEL CWT
 50 EAST NORTH TEMPLE ST
 5U7MI7
 SALT LAKE CITY UT 84150
 TELEPHONE: 801 240-5111
 FAX : 801-240-5115

DATE 28MARCH12
 AGENT WW/WW BOOKING REF

DOYLE/MICHAEL JOHN

MEDIA SERVICES DEPARTMENT

SERVICE ARRIVE	DATE	FROM	TO	DEPART
LUFTHANSA 945A LH 9053 09MAY S ECONOMY	08MAY	SAN FRANCIS CA	FRANKFURT	155P
	TUESDAY	SAN FRANCISCO	FRANKFURT INTL	
		TERMINAL INTL	TERMINAL 1	
		MEAL		NON STOP
		RESERVATION CONFIRMED		10:50
DURATION UA 0900		FLIGHT OPERATED BY UA UNITED AIRLINES		
		AIRCRAFT OWNER: UA UNITED AIRLINES		
		AIRCRAFT: BOEING 747-400		
		SEAT 38D NO SMOKING CONFIRMED		
LUFTHANSA 1240P LH 180 S ECONOMY	09MAY	FRANKFURT	BERLIN	1130A
	WEDNESDAY	FRANKFURT INTL TEGEL		
		TERMINAL 1		
		REFRESHMENTS		NON STOP
		RESERVATION CONFIRMED		1:10
DURATION		AIRCRAFT: AIRBUS INDUSTRIE A321		
		SEATS ASSIGNED AT CHECK IN		
LUFTHANSA 810A LH 173 L ECONOMY	15MAY	BERLIN	FRANKFURT	655A
	TUESDAY	TEGEL	FRANKFURT INTL	
			TERMINAL 1	
		REFRESHMENTS		NON STOP
		RESERVATION CONFIRMED		1:15
DURATION		AIRCRAFT: AIRBUS INDUSTRIE A321		
		SEATS ASSIGNED AT CHECK IN		
LUFTHANSA 1220P LH 454 L ECONOMY	15MAY	FRANKFURT	SAN FRANCIS CA	950A
	TUESDAY	FRANKFURT INTL	SAN FRANCISCO	
		TERMINAL 1	TERMINAL INTL	
		MEAL		NON STOP
		RESERVATION CONFIRMED		11:30
DURATION		AIRCRAFT: AIRBUS INDUSTRIE A380-800		
		SEAT 69H NO SMOKING CONFIRMED		

RESERVATION NUMBER(S) LH/5U7MI7

DOYLE/MICHAEL JOHN
ETKT:LH/220 7036449451

LH FREQUENT FLYER UA237927320

WENDY W - EXT 21359

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**IN CASE OF EMERGENCY, FLIGHT CHANGES ENROUTE
OR SIGNIFICANT DELAYS, IMMEDIATELY TELEPHONE
CHURCH TRAVEL (801-240-1000 OR 1-800-537-1232)

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CHURCH TRAVEL IS AVAILABLE 24/7

* NOTICE * STATE OR FEDERAL PHOTO I.D. REQUIRED AT AIRPORT.
BECAUSE CHECK-IN TIMES AROUND THE WORLD MAY VARY BASED
ON THE INDIVIDUAL AIRPORT AND DAY-TO-DAY SECURITY ISSUES
PLEASE ARRIVE EARLY FOR YOUR FLIGHTS.
IF YOU NEED FURTHER INFORMATION REGARDING AIRPORT SECURITY,
PLEASE CONTACT THE AIRPORT DIRECTLY.
MISSIONARY TRAVEL (800) 537-3537 OR (801) 240-5111
EMPLOYEE TRAVEL (800) 537-1232 OR (801) 240-1387
GENERAL AUTHORITY TRAVEL (800)453-3860 OR (801)240-1000

BAGGAGE POLICY - FOR TRAVEL TO/FROM, WITHIN THE US, PLEASE VISIT:
[HTTPS://BAGS.AMADEUS.COM?R=5U7MI7&N=DOYLE](https://bags.amadeus.com?R=5U7MI7&N=DOYLE)

Use CheckMyTrip to view your itinerary and flight changes at any
time:

Go to CheckMyTrip now: [http://www.CHECKMYTRIP.COM/CMTSERVLET?
R=5U7MI7&L=US&N=DOYLE](http://www.CHECKMYTRIP.COM/CMTSERVLET?R=5U7MI7&L=US&N=DOYLE)

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