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MAR 30 2017
CITY CLERK
CITY OF CLAREMONT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LYONS JOSEPH M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF CLAREMONT

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL MEMBER

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, Multi-County, City of CLAREMONT, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2016, through December 31, 2016. Leaving Office: Date Left, Assuming Office: Date assumed, Candidate: Election year

4. Schedule Summary (must complete) Total number of pages including this cover page: 1

Schedules attached

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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
207 HARVARD AVENUE CLAREMONT CA 91711
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 909 ) 399-5444 JLYONS@CI.CLAREMONT.CA.US

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 3-30-2017 (month, day, year)

Signature Joseph M Lyons (File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

**RECEIVED**  
Date Initial Filing Received  
Official Use Only  
**MAR 31 2016**  
**CITY CLERK**  
**CITY OF CLAREMONT**  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
LYONS JOSEPH M

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF CLAREMONT

Division, Board, Department, District, if applicable

Your Position

CITY COUNCILMEMBER

► 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
- Multi-County \_\_\_\_\_
- City of CLAREMONT
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2015.
- 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, 2015, through the date of leaving office.
- or-
- The period covered is \_\_\_\_\_ through the date of leaving office.

**4. Schedule Summary (must complete)** ► Total number of pages including this cover page: 1

**Schedules attached**

- 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**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
207 HARVARD AVENUE CLAREMONT CA 91711

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

Date Signed 3-31-16  
(month, day, year)

Signature Joseph M. Lyons  
File the originally signed statement with your filing official.

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

RECEIVED  
Date Initial Filing  
Received  
MAR 23 2015  
CITY CLERK  
CITY OF CLAREMONT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
LYONS JOSEPH M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CITY OF CLAREMONT  
Division, Board, Department, District, if applicable  
Your Position  
CITY COUNCIL MEMBER

► 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 or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of CLAREMONT  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or- The period covered is \_\_\_\_\_ through December 31, 2014.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 1
- 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

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-23-2015  
(month, day, year)

Signature Joseph M. Lyons  
(File the originally signed statement with your filing official)

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

**RECEIVED**  
Date Initial Filing  
Received  
**MAR 23 2015**  
CITY CLERK  
**CITY OF CLAREMONT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**LYONS JOSEPH M.**

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
**CITY OF CLAREMONT**  
Division, Board, Department, District, if applicable  
Your Position  
**CITY COUNCIL MEMBER**

► 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 or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of **CLAREMONT**  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2014, through December 31, 2014.  
-or-  
The period covered is \_\_\_\_\_ through December 31, 2014.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2014, through the date of leaving office.  
 The period covered is \_\_\_\_\_ through the date of leaving office.  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None." **► Total number of pages including this cover page: 1**

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)  
**207 HARVARD AVENUE CLAREMONT CA 91711**

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**( 909 ) 399-5444 JLYONS@CI.CLAREMONT.CA.US**

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

Date Signed **3-23-2015**  
(month, day, year)

Signature **Joseph M. Lyons**  
(File the originally signed statement with your filing official)

**COVER PAGE**

MAR 27 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Lyons Joseph CITY CLERK  
 CITY OF CLAREMONT

**1. Office, Agency, or Court**

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

► 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 or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Claremont  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2013.
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office:** Date assumed \_\_\_\_\_
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- 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)  
 City Hall 207 Harvard Avenue POBox 880 Claremont CA 91711  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 909 ) 399-5444 jlyons@ci.claremont.ca.us

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 03/27/2014  
 (month, day, year)

Signature Joseph M Lyons  
 (File the originally signed statement with your filing official.)

COVER PAGE

APR 01 2013

CITY CLERK CITY OF CLAREMONT Michael

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) Lyons Joseph

1. Office, Agency, or Court

Agency Name City of Claremont
Division, Board, Department, District, if applicable Your Position Councilmember

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 Claremont, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2012, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 2
Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
207 Harvard Avenue Claremont CA 91711
DAYTIME TELEPHONE NUMBER ( 909 ) 399-5444
E-MAIL ADDRESS (OPTIONAL) jlyons@ci.claremont.ca.us

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

Date Signed 04/01/2013 (month, day, year)

Signature Joseph M. Lyons (File the originally signed statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

Name  
 Joseph Lyons

▶ NAME OF SOURCE *(Not an Acronym)*  
 Three Valleys Metropolitan Water District

ADDRESS *(Business Address Acceptable)*  
 1021 East Miramar Avenue, Claremont, CA 91711

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 12	\$ 300.00	MWD Inspection Tour
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

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MAR 29 2012

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CITY CLERK  
CITY OF CLAREMONT

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Lyons Joseph Michael

1. Office, Agency, or Court

Agency Name  
City of Claremont  
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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Claremont  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2011, through December 31, 2011.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

- Check applicable schedules or "None."  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)  
207 Harvard Avenue P.O. Box 880 Claremont CA 91711  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
( 909 ) 399-5444 jlyons@ci.claremont.ca.us

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

Date Signed 3-29-2012  
(month, day, year)

Signature Joseph M. Lyons  
(File the originally signed statement with your filing official.)



COVER PAGE

APR 13 2011

CITY CLERK  
CITY OF CLAREMONT  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Lyons Joseph Michael

1. Office, Agency, or Court

Agency Name  
City of Claremont  
Division, Board, Department, District, if applicable  
NA  
Your Position  
Councilperson

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

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

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

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Claremont  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.  
 Assuming Office: Date 03 / 17 / 11  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."  
► Total number of pages including this cover page: 1  
 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

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Date Signed 04/13/2011 (month, day, year)  
Signature Joseph M. Lyons (File the originally signed statement with your filing official.)