



Filing ID #10029506

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Debra Lamm  
**Status:** Congressional Candidate  
**State/District:** MToo

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2019  
**Filing Date:** 01/6/2020  
**Period Covered:** 01/01/2018– 12/31/2019

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Art Collection [CO]	JT	\$100,001 - \$250,000	None		
First Interstate Bank [BA]	JT	\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200
Health Savings Account [OT] DESCRIPTION: HSA	SP	\$1,001 - \$15,000	None		
Montana Medical Savings Account [OT] DESCRIPTION: MSA		\$1,001 - \$15,000	None		
Montana Medical Savings Account (SP) [OT] DESCRIPTION: MSA	SP	\$1,001 - \$15,000	None		
Northwestern Mutual Life Insurance [WU]		\$1,001 - \$15,000	None		
Residence [RP]		\$500,001 - \$1,000,000	None		

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
LOCATION: Livingston, MT, US					
Total Lifestyles, Inc. [OL]		\$1,001 - \$15,000	None		
LOCATION: Livingston, MT, US DESCRIPTION: Health and Wellness					
TYL Enterprises, Inc. [OL]	JT	\$50,001 - \$100,000	None		
LOCATION: Livingston, MT, US DESCRIPTION: Electrical Engineering					

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
TYL Enterprises, Inc.	Spouse Salary	N/A	N/A

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	First Interstate Bank	August 2011	Home Mortgage	\$100,001 - \$250,000
JT	Wells Fargo	2019	Credit Card	\$10,000 - \$15,000
JT	First Interstate Bank	2019	Credit Card	\$10,000 - \$15,000

## SCHEDULE E: POSITIONS

Position	Name of Organization
President	Total Lifestyles, Inc.

## SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Debra Lamm , 01/6/2020