Jerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

05

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name					
Organization ASSET & EQUITY CORPORATION					
2. Address Check if different than previously reported					
Addressi 601 S. Concord St.	Suite 200	Suite 200			
City Knoxville State T	N Zip Code 3791	9 Country USA			
3. Principal place of business (if different than line 2)					
City State City State/Z	Zip Code ip or Country	Country			
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID #			
Mr. William S. Owen 865-544-4220 wan	dgowen@aol.com	4403-36			
7. Client Name Self		6. House ID#			
DE ROYAL INDUSTRIES		33993001			
10. Check if this is a Termination Report ☐ ⇒ Termination Date INCOME OR EXPENSES - Complete Either Line 1	2 OR Line 13	11. No Lobbying Activ			
12. Lobbying Firms	·	Organizations			
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobb were:	ying activities for this reporting			
Less than \$10.000	Less than \$10,000				
\$10,000 or more 🗷 🖒 \$	\$10,000 or more	⇒ \$			
Provide a good faith estimate, rounded to the nearest \$20,000.	14. REPORTING METHOD. Check box to indicate expe accounting method. See instructions for description of option				
of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	Method A. Reporting amounts using LDA definitions on				
activities on behalf of the client).	Method B. Reporting amounts under section 6033 Internal Revenue Code				
	Method C. Reporting amounts under section 162(e) of the Revenue Code				
		Form Co			
Printed Name and Title William S. Owen, President					

LD-2DS (Rev. 403)

Registrant NameA	SSET & EQUITY COF	RPORATION	Client Name	DE ROYAL INDUSTRIES
engaged in lobbyi	CTIVITY. Select as noting on behalf of the cliquested. Attach addition	ent during the rep	orting period. U	the general issue areas in which the s Jsing a separate page for each code
15. General issue	area code HCR - Hea	lth Issues		(one per page)
16. Specific lobby	ring issues	,	Add page to continue	specific issues description for this issue
Health Care Is	sues			
	ongress and Federal a	gencies contacted	d Check if	None
HMS-CMS	Representatives	as a lobbyist in t	Lie in any area	
16. Name of each	i marviduai wno acted	us a loooyist iii t	ms issue area	Add a page to continue additing lobbyists for the
First Name	Name Last Name	Suffix		Add a page to continue additing lobbyists for the Official Position (if applicable)
	Name			·
First Name	Name Last Name		Covered	·
First Name	Name Last Name		Covered	·
First Name	Name Last Name		Covered	·
First Name	Name Last Name		Covered	·
First Name	Name Last Name		Covered	·
First Name	Name Last Name		Covered	·
First Name William	Name Last Name Owen	Suffix	President	·
First Name William	Name Last Name Owen	Suffix	President	Official Position (if applicable)

Printed Name and Title William S. Owen, President

Registrant Name ASSET	& EQUITY	CORPORATION	Client	Name DE RO	YAL INDUSTRIES	
Information Upda	te Page -	Complete ONLY	Y where re	gistration info	rmation has chang	ed.
20. Client new address						
			r	7: C	Cours	1.00.
City 21. Client new principal	nlace of busi	nass (if different that	State	Zip Cod	e Coun	y
• •	prace or ousi	ness (n different mai	•	** 4.1	e Cour	
City 22. New general descrip	tion of client	s business or activiti	State	Zip Code	e Cour	
LOBBYIST UPDAT 23. Name of each prev		ted individual who	is no longe	r expected to ac	t as a lobby ist for the c	elient
			3			
2			4			
ISSUE UPDATE		<u> </u>		Find the code to	o select below.	
24. General lobbying i	ssues that n o	longer pertain				
AFFILIATED ORG 25. Add the following			سيداد ٨		Principal place of	Bucinas
Name		Address			Principal place of Busines (city and state or country	
		Address			City	
		C/S/Z			State Country	
		Address C/S/Z			City State	
26. Name of each prev	iously repor	ted organization th	at is no long	er affiliated wit	h the registrant or clie	nt
		2		3	3	
FOREIGN ENTITI 27. Add the following		ies	"			
Name	Street Address	Address State/Province Cou	(city a	nal place of business and state or country)	Amount of contribution for lobbying activities	Owr perc
			City	***************************************		
			State	Country		
28. Name of each previo affiliated organization		foreign entity that n	o longer own	s, <u>or</u> controls, <u>or</u>	is affiliated with the reg	istrant,
	-	3			5	
2		4			6	
			. [11)	Add a pago fo	or more u
Printed Name and Title	William S	. Owen, Preside	nt WI	1/2- YC	Ilven	<i>]][</i>]