

SECRET
05 JUL 2005

Clerk 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

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

1. Registrant name			
Organization	ASSET & EQUITY CORPORATION		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address1	601 S. Concord St.	Suite	200
City	Knoxville	State	TN
		Zip Code	37919
			Country USA
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	William S. Owen	865-544-4220	wandgowen@aol.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
THERAGENICS CORPORATION			4403-90
			6. House ID #
			33993005

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions on Internal Revenue Code</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
--	---

Form Co

Printed Name and Title William S. Owen, President

Registrant Name ASSET & EQUITY CORPORATION Client Name THERAGENICS CORPORATION

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Suff

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z Address C/S/Z	City State Country City State

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Own per cent client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, or affiliated organization

1

3

5

2

4

6

Add a page for more u

Printed Name and Title William S. Owen, President



