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LOBBYING REPORT

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

1. Registrant Name

Ottosen + Associates

2. Address Check if different than previously reported

6916 Wolf Run Shoals Rd.

3. Principal Place of Business (if different from line 2)

City: Fairfax Sta.

State/Zip (or Country)

VA 22039

4. Contact Name

Telephone

E-mail (optional)

5. Senate ID #

Karl Ottosen

703-978-8037

30371-36

6. Client Name Self

NL Industries

6. House ID #

309-72002

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

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

9. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expenses (nearest \$20,000)

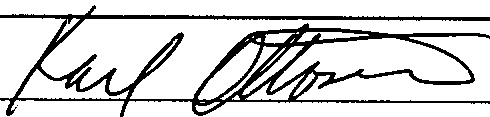
14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option:

Method A. Reporting amounts using LDA definitions on

Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code

Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature



12000041820



Printed Name and Title

KARL OTTOSEN - President

Registrant Name OTTOSEN + ASSOC. Client Name ALL INDUSTRIES

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code CHM (one per page)

16. Specific lobbying issues

Monitoring Legislation for relevance

17. House(s) of Congress and Federal agencies contacted Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<i>Karl OTTOSEN</i>	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

0000041830

Signature *Karl Otosen* Date *2/8/06*

Printed name and title FAM U/10sen WEST

Form LD-2 (Rev.6/98)

Page _____