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SECRETARY OF
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LOBBYING REPORT

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

1. Registrant Name American Organization of Nurse Executives			
2. Address <input type="checkbox"/> Check if different than previously reported 325 Seventh Street, NW			
3. Principal Place of Business (if different from line 2) Washington, DC 20004 City: _____ State/zip (or Country)			
4. Contact Name Jo Ann K. Webb	Telephone (202) 626-2321	E-mail (optional) jwebb@aha.org	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 32234000

TYPE OF REPORT 8. Year 2003 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitior</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(t) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Registrant Name American Organization of Nurse Executiv Client Name _____

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

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

16. Specific lobbying issues

Appropriations, Workforce, Education, Environment, Quality and Patient Safety

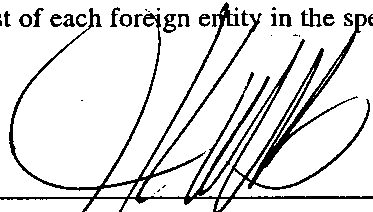
17. House(s) of Congress and Federal agencies contacted Check if None

Senate, House, Departments of Labor, HHS and Veterans

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

Name	Covered Official Position (if applicable)
Jo Ann K. Webb	

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

Signature 

Date 2-13-14

Printed Name and Title

Jo Ann K. Webb, Senior Director, Federal Relations and Policy

Form LD-2 (Rec. 4/03)

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