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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) City: Washington State/Zip (or Country) DC 20004			
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 # 3223

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec)
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 align="center">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 align="center">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 accounting method. See instructions for description of:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature  _____

Printed Name and Title Jo Ann K. Webb, Director of Federal Relations and Policy

LD-2 (REV. 6/98)

Registrant Name American Organization of Nurse Executives Client Name _____

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

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

16. Specific lobbying issues

Nursing workforce
Nursing Shortage
Nursing Education
Nursing Environment
Nursing Quality and patient safety

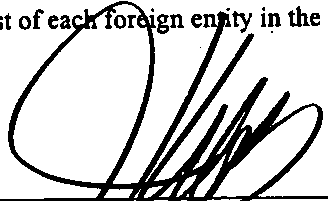
17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
US Senate
Department of Labor
Department of Veterans Affairs
Department of Health and Human Services
Department of Defense
Department of Energy

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

Name	Covered Official Position (if applicable)
Jo Ann K. webb	
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature 

Date 2-14-03

Printed Name and Title Jo Ann K. Webb Director of Federal Relations and Policy, AONE

Form LD-2 (Rev.6/98)

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