

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
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LOBBYING REPORT

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

1. Registrant Name <i>American Organization of Nurse Executives</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>325 H Street NW</i>			
3. Principal Place of Business (if different from line 2) City: <i>WASHINGTON</i> State/Zip (or Country) <i>DC 20004</i>			
4. Contact Name <i>Jo Ann K Webb</i>	Telephone <i>202 656 5331</i>	E-mail (optional) <i>jwebb@aha.org</i>	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <i>3553401</i>

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decen

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 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 6033 Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature

[Handwritten Signature]

Printed Name and Title

John K. Webb Director of Federal Rep.

LD-2 (REV. 6/98)

PA

Registrant Name ADNK Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant 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 ALL (one per page)

16. Specific lobbying issues
Nursing Workforce
Nursing Shortage
Nursing Education
Nursing Environment
Quality & Patient Safety

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

House of Representatives
US Senate
Department 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)
<u>Jo Ann K WABBB</u>	

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

Signature [Signature] Date 8.15.03

Printed Name and Title JK WABB DIRECTOR of FEDERAL RESERVE & POLY

Form LD-2 (Rev.6/98)

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