

of the House of Representatives
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Washington, DC 20515

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07 MAR 15 AM 11:00

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration 02/01

2. House Identification

Senate Identification

REGISTRANT Organization Individual

3. Registrant Organization Capitol Counsel, LLC

Address 900 19th Street, NW Address2 Suite 800
City Washington State DC Zip 20006 - Count

4. Principal place of business (if different than line 3)

City _____ State _____ Zip _____ - Count

5. Contact name and telephone number

International Number

Contact Mrs. Beth Anne Cole Telephone (202) 861-3200 E-mail bcole@capitolcounseldc.com

6. General description of registrant's business or activities

Government Affairs

CLIENT

A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10. Self

7. Client name The Westfield Corporation

Address 11601 Wilshire Blvd., 11th Floor
City Los Angeles State CA Zip 90025 - Count

8. Principal place of business (if different than line 7)

City _____ State _____ Zip _____ - Count

9. General description of client's business or activities

Retail Property

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of becoming a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
David	Jones		
Jim	Gould		
Denise	Henry		
Shannon	Finley		

3	Zahra	Buck	
3	v5.0.0i		

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pag

INS TAX

12. Specific lobbying issues (current and anticipated)

Terrorism Risk Insurance.
Internet Sales Tax

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No --> Go to line 14.

Yes --> Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal Place of Business
Street City	State/Province Zip Code Country	City State Country

FOREIGN ENTITIES

14. Is there any foreign entity

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes active the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity matching the criteria above, then sign the registration.

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

Signature

John D. Raffelli

Date 03/14/

Printed Name and Title John D. Raffelli - Member

ADDITIONAL LOBBYISTS

10. Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Mike	Hoak		
Dan	Papadopoulos		
Richard	Sullivan		
Sara L.	Franko		

ADDITIONAL LOBBYING ISSUES

11. Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

Name	Address			Principal Place of Business
	Street City	State/Province	Zip Code Country	
				City _____ State _____ Country _____
				City _____ State _____ Country _____
				City _____ State _____ Country _____

ADDITIONAL FOREIGN ENTITIES

14. Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

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

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