



All information requested below is required to comply with Connecticut law.

**NAME**

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**STREET ADDRESS**

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**CITY**

**STATE**

**ZIP**

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**TELEPHONE (DAY)**

**(EVENING)**

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**OCCUPATION**

**EMPLOYER**

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**E-MAIL**

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Are you a lobbyist, spouse of a lobbyist, or dependent of a lobbyist? **YES**  **NO**

I or a business with which I am affiliated has a contract >\$5,000 with the City of Stamford. **YES**  **NO**

Please make checks payable to **ALW 2009** and mail to  
**Abbazia Louizos Williams 2009, 263 Stamford Avenue, Stamford, CT 06902.**  
**Maximum contribution allowed by law is \$750.**

PAID FOR BY ABBAZIA LOUIZOS WILLIAMS 2009, MOIRA LYONS TREASURER