

## Angela Pogliano

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**From:** Allison Staley  
**Sent:** Monday, July 11, 2022 10:48 AM  
**To:** Angela Pogliano  
**Subject:** FW: [EXT] Fwd: Maryland Client Protection Fund

Hi, I used the card to make the payment below. I'm now going to delete your text with the card. Thank you!

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**From:** Allison Staley <abcolgan@yahoo.com>  
**Sent:** Monday, July 11, 2022 10:46 AM  
**To:** Allison Staley <astaley@sbgstv.com>  
**Subject:** [EXT] Fwd: Maryland Client Protection Fund

**CAUTION:** This email originated from outside of Sinclair. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Sent from my iPad

Begin forwarded message:

**From:** [donotreply@egov.com](mailto:donotreply@egov.com)  
**Date:** July 11, 2022 at 10:37:54 AM EDT  
**Subject:** Maryland Client Protection Fund

## Payment Receipt Confirmation

Your payment may take up to 24 hours to process.

Note: Your bank statement will reflect a charge for AIS Online Payment.

### Receipt Contact Information

**Contact Name** Client Protection Fund of  
the Bar of Maryland  
**Contact Email** [mdsupport@egov.com](mailto:mdsupport@egov.com)  
**Contact Phone** 1-855-745-1798  
**Contact Url** <http://www.maryland.gov/pages/support.aspx>

### Transaction Summary

Description	Order ID	Amount
Attorney Information System (AIS) Client Protection Fund		\$130.00
Transaction Summary	46378867	\$130.00

Description	Order ID	Amount
Non-refundable NIC Maryland Service Fee	46378869	\$3.60

This service is provided by NIC Maryland, a third party working under a contract administered by the Maryland Administrative Office of the Courts (AOC).

## Customer Information

**Customer Name** Allison C. Staley  
**Local Reference ID** 9712160135\_2023JULY\_BILLING3239317\_13000\_1  
**Receipt Date** 7/11/2022  
**Receipt Time** 10:37:48 AM EDT

## Payment Information

**Payment Type** Credit Card  
**Credit Card Type** AMEX  
**Credit Card Number** \*\*\*\*\*2001  
**Billing Name** Angela Pogliano

## Billing Information

**Billing Address** 10706 BEAVER DAM ROAD  
**Billing City, State** COCKEYSVILLE , MD  
**ZIP/Postal Code** 21030  
**Country** US  
**Phone Number**  
This receipt has been emailed to the address below.  
**Email Address** [abcolgan@yahoo.com](mailto:abcolgan@yahoo.com)