Following is a list of the disputes to reimburse (All with the same typed complaint form for :

Claudia Orsborn, William Roberts, Mary Lamkin, Sharon Chandler, Robyn Zapp, Doug Farnsley).

Bill Vessels - complaint against: C. Orsborn, W. Roberts. M. Lamkin, S. Chandler R. Zapp, D. Farnsley,

Paul Ranney

Wade Morgan

Edie Maas

Donald & Elizabeth Cantrell

Sied Kazmi

Keith Hillman

Robert Hart - Signed by Wade Morgan (Guardian)Lloyd Bailey - Same

Walter & Helen Kindler

Vicki Hack

Becky Ledogar

Earl & Betty Haley

David Finnegan

Sandra Snodgrass

10.	HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)	□Yes	□No		
Wh	Action taken?		- 100		
11.	WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?				
Wh	Action taken?				
12.	HAVE YOU CONTACTED A PRIVATE ATTORNEY?	□Yes	No		
13.	HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL O	COURT PAPERS.	No		
14.	HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALI	L COURT PAPERS.	No		
15.	OOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$				
16.	PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES	G IF NECESSARY)			
Plea che	and a control of the				
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18.	ONSENT AND VERIFICATION				
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	WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?	MAIL COMDIETED EODING TO			
The res	onsumer Protection Division will send a copy of your complaint to the edent firm or licensed professional. This office cannot disclose your complaint at a licensed professional to the public unless this office files a disciplinary	Attorney General Greg Zoeli Consumer Protection Division Government Center South, 5th	on		

against the licensed professional. This office represents the State of Indiana

timited in the remedies it can pursue. You may be entitled to compensation

er rights that we cannot pursue for you. In addition to filing this complaint, you

want to consider contacting a private attorney or your local small claims court.

act

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Rev 111-09

302 West Washington Street

Indianapolis, IN 46204

PH: 317-232-6330 • FAX: 317-233-4393

www.IndianaConsumer.com

## Action taken? 11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT? When? Action taken?	10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)	☐ Yes	□No		
12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?	When? Action taken?				
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Your Signature Date	W JA TAX				
	Your Signature Date				

WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

MAIL COMPLETED FORMS TO:

Attorney General Greg Zoeller
Consumer Protection Division
Government Center South, 5th floor
302 West Washington Street
Indianapolis, IN 46204
PH: 317-232-6330 • FAX: 317-233-4393
www.IndianaConsumer.com

10.	AVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)	□Yes	□No		
-Wri	Action taken?				
11.	WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?				
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Ple, che					
See additional attachments. Sharon Chandler, a member of The Harbours Homeowners Association Board of Directors, approved the action to issue direct payment of approximately \$4,000 from the Association's mutual benefit funds to reimburse fellow board member Kenneth Quiggins amd employee Terry Kiesler for alleged acts of vandalism to their vehicles. A letter (attached) was sent to Association members by the President Kevin Zipperle stating the reason for reimbursing these people for their damages. Sharon Chandler did not perform her fiduciary duty as a member of the Board of Directors when she approved the action to reimburse these persons frpm our Association's funds for the repair of their privately owned vehicles. Based on lack of evidence and the arguments presented by owner Mr. Peter Steen. It is evident that Ms. Chandler was not using prudent and reasonable judgement when she approved this expenditure. A copy of the police report that was submitted by Kenneth Quiggins is riddled with discrepencies, including the inclusion of a false name of the person that Quiggins suspects performed the alleged vandalism on his vehicle. There is no clear cut evidence that any vandalism occurred at The Harbours on these vehicles. Ms. Chandler should not have approved the action to reimburse these parties for their expenses.					
Sharon Chandler should bear the responsibility of her actions and reimburse the Association the money that she approved and allocated to Kenneth Quiggins, a fellow board member and Terry Kiesler, an Employee for the alleged and unsubstantiated claims of vandalism to their vehibles					
18.	ONSENT AND VERIFICATION				
under the penalties for perjury, that the foregoing representations, and those in all attachments, are true. The information I wovided in this complaint form is based upon my personal knowledge. I consent to the Consumer Protection Division obtaining or reliance any information in furtherance of the disposition of this complaint. I understand that I should not include my Social Security Note in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent lisclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).					
You	Date Date				
WF :	WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO? MAIL COMPLETED FO	RMS TO:			
The res aga	a licensed professional. This office cannot disclose your complaint a licensed professional to the public unless this office files a disciplinary. Consumer Pr Government Ce.	eral Greg Zoell otection Division oter South, 5th ashington Stree	on floor		

imited in the remedies it can pursue. You may be entitled to compensation

rights that we cannot pursue for you. In addition to filing this complaint, you

ant to consider contacting a private attorney or your local small claims court.

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302 West Washington Street Indianapolis, IN 46204 PH: 317-232-6330 • FAX: 317-233-4393 www.IndianaConsumer.com

10.	AVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable	e)	□Yes	□No	
TVV	Action taken?				
-					
11	WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?				
Wh	Action taken?				
12.	AVE YOU CONTACTED A PRIVATE ATTORNEY?		□Yes	₽No	
13.	AVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF A	ALL COURT PAPERS.	Yes	No	
14.	AVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY O	F ALL COURT PAPERS.	☐Yes	₽No	
15.	OLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$				
16.	LEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PA	AGES IF NECESSARY)			
Ple: che	the state of the s				
Roby: Zapp, a member of The Harbours Homeowners Association Board of Directors, approved the action to issue direct payment of approximately \$4,000 from the Association's mutual benefit funds to reimburse fellow board member Kenneth Quiggins amd employee Terry Kiesler for alleged acts of vandalism to their vehicles. A letter (attached) was sent to Association members by the President Kevin Zipperle stating the reason for reimbursing these people for their damages. Ms. Zapp did not perform her fiduciary duty as a member of the Board of Directors when she approved the action to reimburse these persons frpm our Association's funds for the repair of their privately owned vehicles. Based on lack of evidence and the arguments presented by owner Mr. Peter Steen. It is evident that Ms. Zapp was not using					
prudent and reasonable judgement when she approved this expenditure. A copy of the police report that was submitted by Kenneth Quiggins is riddled with discrepencies, including the inclusion of a false name of the person that Quiggins suspects performed the alleged vandalism on his vehicle. There is no clear cut evidence that any vandalism occurred at The Harbours on these vehicles. Ms. Zapp would not have approved the action to reimburse these parties for their expenses.					
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17	OW WOLLD VOLL INC. VOLID COMPLAINT DECOLVEDS				
and the same of th	OW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?				
Kenne rehible	Zapp should bear the responsibility of her actions and reimburse the Associat th Quiggins, a fellow board member and Terry Kiesler, an Employee for the ales	ion the money that she approve leged and unsubstantiated clair	d and allocate ns of vandalis	m to their	
18.	ONSENT AND VERIFICATION				
l a¹	under the penalties for perjury, that the foregoing representations, and tho	se in all attachments, are true.	The informat	ion I	
hai	ovided in this complaint form is based upon my personal knowledge. I cons	sent to the Consumer Protection	n Division obt	aining or	
rel: Nu	5 7 The disposition of the complaint randordaria that renound not module my country				
to	disclosure of my Social Security Number in accordance with Indiana Code §	4-1-10-5(2).	bei, i express	ly consent	
	3-22-10				
You	gnature Date	, , , , , ,			
WF	WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO? MAIL COMPLETED FORMS TO:				
Thr	sumer Protection Division will send a copy of your complaint to the	Attorney Gener	al Gren Zoel	ler	
res	ent firm or licensed professional. This office cannot disclose your complaint	Consumer Prot	-		
aga	a licensed professional to the public unless this office files a disciplinary	Government Cent		ž.	
act	gainst the licensed professional. This office represents the State of Indiana	302 West Wash		et	
and	mited in the remedies it can pursue. You may be entitled to compensation	Indianapolis		20. 4000	
na na	rights that we cannot pursue for you. In addition to filing this complaint, you not to consider contacting a private attorney or your local small claims court.	PH: 317-232-6330 • www.IndianaC			

Rev. 01-09

10.	AVE YOU COMPLAINED TO THE BUSINESS? (Check box when applica	ble)	□Yes	□No	
Wh	Action taken?	_			
=					
11. Wh	Action taken?				
12.	AVE YOU CONTACTED A PRIVATE ATTORNEY?		□Yes	₽ No	
13.					
14.	AVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF AVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY				
15.	OLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$	UF AI	LL GUURT FAFERO.	\ \	
16.	LEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL I	PAGE	S IF NECESSARV)		
Ple:				ont cancallad	
che	trach a copy of all papers involved (order blank, warranty, credit card receipt and statemeters). Please print clearly or type. DO NOT INC			ieni, cancened	
	additional attachments. amkin, a member of The Harbours Homeowners Association Board of Direct	tore	approved the action to issue direct nav	ment of	
appro	ximately \$4,000 from the Association's mutual benefit funds to reimburse fello	ow bo	oard member Kenneth Quiggins amd en	nployee Terry	
statin	er for alleged acts of vandalism to their vehicles. A letter (attached) was sent of the reason for reimbursing these people for their damages. Ms. Lamkin did	not	perform her fiduciary duty as a member	of the Board of	
Direct vehicle	ors when she approved the action to reimburse these persons frpm our Asso es Based on lack of evidence and the arguments presented by owner Mr. F	ciatio	on's funds for the repair of their privately	owned	
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nis ve	led with discrepencies, including the inclusion of a false name of the person hicle. There is no clear cut evidence that any vandalism occurred at The Ha				
approved the action to reimburse these parties for their expenses.					
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17.	OW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?				
Ms. La	amkin should bear the responsibility of her actions and reimburse the Associa	tion t	he money that she approved and alloca	ted to	
Kenneth Quiggins, a fellow board member and Terry Kiesler, an Employee for the alleged and unsubstantiated claims of vandalism to their vehibles					
18.	ONSENT AND VERIFICATION				
l at	under the penalties for perjury, that the foregoing representations, and the	iose i	n all attachments, are true. The information	ation I	
hav	ovided in this complaint form is based upon my personal knowledge. I consent to the Consumer Protection Division obtaining or				
	ing any information in furtherance of the disposition of this complaint. I understand that I should not include my Social Security				
Nu to:	ar in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent				
to solisclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).					
You .	gnature Date	`ک	-22-10		
_					
WF -	WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?		MAIL COMPLETED FORMS TO:		
The	nsumer Protection Division will send a copy of your complaint to the		Attorney General Greg Zoe	eller	
	dent firm or licensed professional. This office cannot disclose your complaint		Consumer Protection Divis		
aga	a licensed professional to the public unless this office files a disciplinary		Government Center South, 5	1	
act	gainst the licensed professional. This office represents the State of Indiana		302 West Washington Str	eet	

imited in the remedies it can pursue. You may be entitled to compensation

rights that we cannot pursue for you. In addition to filing this complaint, you

int to consider contacting a private attorney or your local small claims court.

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Indianapolis, IN 46204

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10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)	□Yes	□No		
When? Action taken?				
11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?				
When? Action taken?				
12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?	□Yes	ØNo		
13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.	Yes	ØNo		
14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.	☐ Yes	∠ No		
15. DOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$				
16. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY)				
Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER. See additional attachments.				
Mr. Farmsley, a member of The Harbours Homeowners Association Board of Directors, approved the action to issiapproximately \$4,000 from the Association mutual benefit funds to reimburse fellow board member Kenneth Quige Kiesler, for alleged acts of vandalism to their vehicles. A letter (attached) was sent to Association members by the	ins and employ President, Kev	yee, Terry vin Zipperle,		
stating the reason for reimbursing these people for their damages. Mr. Farmsley did not perform his fiduciary duty of Directors when he approved the action to reimburse these persons from our Association funds for the repair of t				
vehicles. Based on a lack of evidence and the arguments presented by owner, Mr. Peter Steen. It is evident that prudent and reasonable judgement when he approved this expenditure. A copy of the police report that was subm	Mr. Farmsley w	vas not using		
is riddled with discrepancies, including the inclusion of false name of the person that Quiggins suspects performed the alleged vandalism on				
his vehicle. There is no clear cut evidence that any vandalism at The Harbours on these vehicles. Mr. Farmsley should not have approved the action to reimburse these parties for their expenses.				
17. HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?				
Mr. Farmsley should bear the responsibility of his actions and reimburse the Association the money that he approv Kenneth Quiggins, a fellow board member and Terry Kiesler, an employee for the alleged and unsubstantiated cla	ed and allocate ims of vandalis	ed to sm to their		
vehicles.				
18. CONSENT AND VERIFICATION				
I affirm, under the penalties for perjury, that the foregoing representations, and those in all attachments, are true. The information I				
have provided in this complaint form is based upon my personal knowledge. I consent to the Consumer Protection Division obtaining or				
releasing any information in furtherance of the disposition of this complaint. I understand that I should not include my Social Security				
Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).				
3-12-10				
Your Signature Date				
WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?	DMC TO:			

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

Attorney General Greg Zoeller
Consumer Protection Division
Government Center South, 5th floor
302 West Washington Street
Indianapolis, IN 46204
PH: 317-232-6330 • FAX: 317-233-4393
www.IndianaConsumer.com