Filing ID: 6048300 (Please retain this number for further inquiries regarding this form)

Submitted Date: Wed Apr 06 17:15:04 EDT 2022

FINRA is responsible for determining whether brokerage firms and associated persons are in compliance with the federal securities regulations and FINRA Rules. If a determination is made to initiate an investigation, a FINRA examiner may contact you to obtain further information or documentation about your complaint.

FINRA investigations are conducted for the purpose of protecting all public investors. Information about our investor complaint program and FINRA's role in investigating investor complaints is available online in our Investor Complaint Program brochure at http://www.finra.org/complaint/InvestorBrochure.

Please understand that we are not representing you individually in this matter. There is no assurance that any action will result in the return of funds or securities to you. If you feel you are entitled to monetary relief, you may wish to initiate an individual action, such as mediation or arbitration. FINRA provides a forum for resolving individual disputes through FINRA Dispute Resolution.

Filing a complaint through the Investor Complaint Center is not the same as submitting an arbitration claim online. For additional Information about FINRA's Dispute Resolutions programs, or to start an arbitration or mediation, please visit the Arbitration & Mediation section of the FINRA Web site at: http://www.finra.org/ArbitrationMediation/index.htm .

FINRA Investor Complaint Form

All fields marked with * are mandatory.						
Tell us about you	r Investment					
Security Name Sta	ate Farm Growth Fund Security Symbol STFGX					
Security Type Mut	ual Fund					
Date and/or Period	of Activity					
From Date * (MM/D	D/YYYY) To					
	Date * (MM/DD/YYYY)					
11/30/2021	03/31/2022 Activity is ongoing					
Tell us about your Complaint						
What type of problem(s) are you Reporting?						
Primary Problem *	Misrepresentation or misleading information					
Amount in Dispute	642 041 002 77					

Complaint Summary

Please provide a summary of your complaint. Summary is limited to 3800 characters. *

Do not provide personal confidential information such as financial account numbers, Social Security numbers, or driver's license information. Such information will be requested by FINRA staff only when and if needed, and at the appropriate time. Also, please indicate the type of relevant supporting documentation currently in your possession (e.g. Monthly Account Statements, Canceled Checks, Correspondence to and from Firm, Advertising or Marketing Materials, etc.).

CRD Number:				
8209				

Tell us about the individual about whom you have a complaint

Type the individual's name or CRD number below. If that individual is registered with a FINRA firm, you can look up the firm details from brokercheck.finra.org. If you do not see the individual's name or CRD Number in brokercheck.finra.org, please enter the name in the boxes below.

Last Name:	First Name:	Middle Name:	
GORMAN	JAMES	PATRICK	
Individual CRD Number:	149777		
Street 2000 WESTCHESTER	AVENUE Apt/Suite	e/Bldg	City PURCHASE
Country United States			
State NEW YORK			
Postal Code 10577			
Country code 1	Area co	de 914	
Phone Number 225-0700			

Firm Contact

Have you complained to the firm? *

Yes No

Please enter reference number (if available), date of contact, name of contact, and status or resolution within the space available below. Further details will be gathered later in the complaint process, if needed. Your input is limited to 250 characters. *

VIA EMAIL, INCLUDED ITS OTHER BROKERS AS WELL## https://github.com/BSCPGROUPHOLDINGSLLC/ELSER-AND-DICKER/files/8308702/Nov.16.2021.-.WMCKENZIE%40NYCOURTS.GOV.---.SEC.---.BOC%40BOC.NYC.GOV.pdf

Arbitration

Have you filed an arbitration claim? *

C Yes C No

Tell us about yourself

All complaint information will be treated in confidence to the fullest extent possible. However, FINRA cannot guarantee that during the course of a related investigation or possible prosecution of the matter the source of the complaint will not become known. Unless you provide an email address or a mailing address or a telephone number, checking 'Yes' will prevent us from following up with you to gather additional details.

Do you wish to make an anonymous complaint? *

No

Yes - I wish to make an anonymous complaint

Your Contact Information

Country United States

What is the best way to contact you should we have additional questions to better understand your complaint or gather more information?

First name BARIS	Last name	DINCER
Street Address 99 WALL STREET		
City NEW YORK		
State NEW YORK		
ZIP Code 10005		