

April 23, 2025

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Re: Amended Statement of Organization
Security Benefit Corporation (now Eldridge Wealth Solutions, Inc.) Federal
Political Action Committee
FEC ID #C00216358

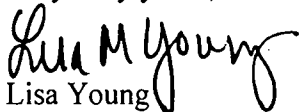
Dear Sir or Madam,

Please accept this as the amended Statement of Organization for the Eldridge Wealth Solutions, Inc. (formerly Security Benefit Corporation) Federal Political Action Committee. Please also note that the Committee's E-Mail Address, Custodian of Records, and Treasurer have changed.

Please do not hesitate to contact me at (785) 438-3267 should you have any questions.

Thank you.

Very truly yours,



Lisa Young
Treasurer, Eldridge Wealth Solutions, Inc.
Federal Political Action Committee

2025-04-23 10:24:01 AM

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAILCENTER
2025 APR 24 AM 10:19

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Eldridge Wealth Solutions, Inc. Federal Political Action Committee

ADDRESS (number and street)

One Security Benefit Place



(Check if address
is changed)

Topeka

CITY ▲

KS

STATE ▲

66636

- 0001

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

lisa.young@securitybenefit.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

None

2. DATE

MM / DD / YYYY
04 / 21 / 2025

3. FEC IDENTIFICATION NUMBER ►

C 00216358

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Young

Signature of Treasurer

Lisa M Young

Date

MM / DD / YYYY
04 / 21 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:☐ House☐ Senate☐ President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☒ Corporation☐ Corporation w/o Capital Stock☐ Labor Organization☐ Membership Organization☐ Trade Association☐ Cooperative☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.**Joint Fundraising Representative:**

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. 2.

NONDISCLOSURE OF INFORMATION

Write or Type Committee Name

Eldridge Wealth Solutions, Inc. Federal Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Eldridge Wealth Solutions, Inc.

Mailing Address

One Security Benefit Place

Topeka

CITY ▲

KS

STATE ▲

66636

ZIP CODE ▲

- 0001

Relationship: ☒ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Lisa Young

Mailing Address

One Security Benefit Place

Topeka

CITY ▲

KS

STATE ▲

66636

ZIP CODE ▲

- 0001

Title or Position ▼

Treasurer

Telephone number

785

- 438

- 3267

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Lisa Young

Mailing Address

One Security Benefit Place

Topeka

CITY ▲

KS

STATE ▲

66636

ZIP CODE ▲

- 0001

Title or Position ▼

Treasurer

Telephone number

785

- 438

- 3267

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

2025 RELEASE UNDER E.O. 14176

5(i) or (j). Joint Fundraising Participant:

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____-_____-_____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

NON-PROFIT ORGANIZATION

Extremely Urgent

Use. Reuse. Re

SECURITY BENEFIT

(800) 747-3940
ZINNIA OUTGOING SERVICES
1 SW SECURITY BENEFIT PL
TOPEKA KS 66636-1000

0.2 LBS

LTR

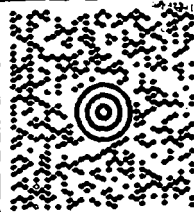
1 OF 1

SHIP TO:

FEDERAL ELECTION COMMISSION

1050 FIRST ST NE

WASHINGTON DC 20463



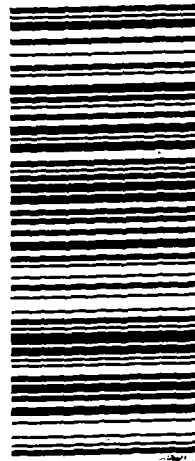
MD 2019-83



UPS NEXT DAY AIR

1

TRACKING #: 1Z 690 612 01 4843 1542



BILLING: P/P

REF 1:13111

WS 20.0.9 Zebra UPS 21.17.0A.04/2005
SHI NOTICE: On request, UPS will provide a copy of the UPS Terms of Service and other documents. If you are a customer of UPS, you may request a copy of the UPS Terms of Service and other documents. If you are not a customer of UPS, you may request a copy of the UPS Terms of Service and other documents. For information about UPS Terms of Service, please visit the UPS website at www.ups.com.

Page 8 of 8

This envelope is for use
with the following services:

Do not use this envelope for:

UPS Next Day Air®
UPS Worldwide Express®
UPS 2nd Day Air®

UPS Ground
UPS Standard
UPS 3 Day Select®
UPS Worldwide Express®

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt:
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <u>UPS</u>	<div style="display: flex; justify-content: space-between;"> <div> Shipping Date <u>4/23/25</u> </div> <div> Date of Receipt <u>4/24/25</u> </div> </div> <div style="text-align: right;"> Next Business Day Delivery <input checked="" type="checkbox"/> </div>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<u>WDO</u> PREPARER (4/2023)	<u>4/24/25</u> DATE PREPARED

2025 RELEASE UNDER E.O. 14176