

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Registration Nation Action Fund			
(b) Address (number and street) ☐ check if different than previously reported 1015 15th St NW Suite 1000			
(c) City, State and ZIP Code Washington DC 20005			3. FEC Identification Number C C90023573
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report☐ 24-Hour Report☐ October 15 Quarterly Report☒ 48-Hour Report☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

5. COVERING PERIOD:

FROM

THROUGH

6. TOTAL CONTRIBUTIONS.....

_____ .00

7. TOTAL INDEPENDENT EXPENDITURES

5830.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

Nelson, Sophia, , ,

Nelson, Sophia, , ,

09/14/2026

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F5N

Transaction ID :

No contributions are listed because the filer did not receive contributions earmarked for political purposes, including for the purpose of furthering independent expenditures.

Form/Schedule:

Transaction ID:

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Registration Nation Action Fund

Full Name (Last, First, Middle Initial) of Payee Maine Youth Power, a fiscal Project of Registration Nation Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2026	
Mailing Address PO Box 29		Amount 2715.00	
City Belfast	State ME	Zip Code 04915	Transaction ID : F57.000001
Purpose of Expenditure Anticipated Canvassing Costs 9/13-11/3	Category/ Type 001	Office Sought: ☐ House State: ME ☒ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: Jackson, Troy, , ,		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Maine Youth Power, a fiscal Project of Registration Nation Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2026	
Mailing Address PO Box 29		Amount 2715.00	
City Belfast	State ME	Zip Code 04915	Transaction ID : F57.000002
Purpose of Expenditure Anticipated Canvassing Costs 9/13-11/3	Category/ Type 001	Office Sought: ☒ House State: ME ☐ Senate District: 02 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: Dunlap, Matthew, , ,		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Dale Rand Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2026	
Mailing Address 508 Riverside St		Amount 200.00	
City Portland	State ME	Zip Code 04103	Transaction ID : F57.000003
Purpose of Expenditure Printed Lit	Category/ Type 006	Office Sought: ☐ House State: ME ☒ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: Jackson, Troy, , ,		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5630.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Registration Nation Action Fund

Full Name (Last, First, Middle Initial) of Payee
Dale Rand Printing

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 13 / 2026

Mailing Address 508 Riverside St

Amount

200.00

Transaction ID : F57.000004

Purpose of Expenditure
Printed LitCategory/
Type 006Office Sought: ☒ House State: ME
☐ Senate District: 02
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Dunlap, Matthew, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 200.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 5830.00
(carry total from last page forward to Line 7)