

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Shawn Foust

Name

(2) 2514 Old Bainbridge Rd

Address (number and street)

Tallahassee, FL 32303

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 763

OFFICE USE ONLY

ONLINE SUBMISSION

[1350197]

Submitted on:

4/10/2026 22:03:03 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Tallahassee City Commission - Seat 4/Mayor

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 2026 To 3 / 31 / 2026 Report Type: 26Q1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 600 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 600 . 00

In-Kind \$, , 125 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 394 . 86

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 394 . 86

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 600 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 394 . 86

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael Shawn Foust (2) I.D. Number 763
 1/1/2026 3/31/2026
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1/16/2026 / /	Foust, Michael Shawn 2514 Old Bainbridge Road Tallahassee, FL 32303	I	it consultant	CA			\$50.00
1							
1/16/2026 / /	Foust, Michael Shawn 2514 Old Bainbridge Road Tallahassee, FL 32303	I	it consultant	CH			\$50.00
2							
3/14/2026 / /	Foust, Kathleen M 1083 East Lakehsore Blvd Kissimmee, FL 34744	I	retired	CH			\$500.00
3							
3/21/2026 / /	Foust, Michael 2514 Old Bainbridge Road Tallahassee, FL 32303	I	it consultant	IK	community sponsorshi p level 1 5 th annual milestone		\$125.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Shawn Foust

(2) I.D. Number 763

(3) Cover Period 1/1/2026 through 3/31/2026

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
3/27/2026 / /	, Staples 2241 N Monroe Tallahassee, FL 32303	supplies - printer and labels for outreach	MO		\$285.16
1					
2/17/2026 / /	Tallahassee Democrat, USAT Media 1675 Broadway 23rd Floor New York, NY 10019	usat media usat media / tallahassee democrat online subscription for campaign	MO		\$1.00
2					
3/16/2026 / /	Tallahassee Democrat, USAT Media USAT Media 1675 Broadway 23rd Floor New York, NY 10019	usat media usat media / tallahassee democrat online subscription (special	MO		\$4.99
3					
3/16/2026 / /	, Publix 1700 N Monroe St. Tallahassee, FL 32303	thank you cards	MO		\$6.71
4					
3/6/2026 / /	, WAWA 5431 5431 capital cir sw Tallahassee, FL 32305	fuel for campaign related events / community outreach.	MO		\$52.26
5					
3/31/2026 / /	, Capital City Bank 3434 Capital Circle NW Tallahassee, FL 32303	bank service fees â€" q1	MO		\$30.00
6					
3/14/2026 / /	, Stripe, Inc. 354 Oyster Point Blvd South San Francisco, CA 94080	payment processing fees â€" q1	MO		\$14.80
7					
/ /					

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Michael Shawn Foust (2) I.D. Number 763

(3) Cover Period 1/1/2026 through 3/31/2026 (4) Page 1 of 1

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