

REQUISITION NO. 608 PURSUANT TO THE CUSTODIAL SERVICE  
AGREEMENT BETWEEN THE HOUSING FINANCE AUTHORITY OF  
MANATEE COUNTY, FLORIDA, AS OWNER, AND U. S. BANK NATIONAL  
ASSOCIATION, AS CUSTODIAN, ACCOUNT #95930830

TO: U. S. Bank National Association, as said Custodian

RE: Payment of fees for professional services for preparation of the audited financial  
statements for the fiscal year ended September 30, 2017

You are hereby authorized to pay from the funds of the Owner, the amount of  
\$5,805.00 payable to Shinn & Company, L.L.C. and remit same to:

Shinn & Company, P.A.  
1001 Third Avenue West, Suite 500  
Bradenton, FL 34205

Such payment has not been made subject to another requisition which has been paid.  
This payment was approved at a meeting of the Owner with a quorum present and voting  
on December 12, 2017.

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Chairman of the Housing Finance Authority  
of Manatee County, Florida, as owner

# SHINN & CO

CPAS AND BUSINESS CONSULTANTS

1001 3rd Ave W, Suite 500  
Bradenton, FL 34205  
(941) 747-0500

Housing Finance Authority of Manatee County

435 12th Street West, Suite 117  
Bradenton, FL 34205

Date 11/30/2017  
Invoice No. 142708  
Client No. 6177

**For professional services rendered as follows:**

Final Bill Regarding Audited Financial Statements of the  
Authority dated September 30, 2017

2016 base	\$5,680.00	
CPI 2.2%	<u>125.00</u>	
Total due this invoice		\$ <u>5,805.00</u>

0 - 30	31 - 60	61 - 90	91 - 120	Over 120	Balance
5,805.00	0.00	0.00	0.00	0.00	5,805.00

REQUIRED INFORMATION FOR CREDIT CARD PAYMENT: Housing Finance Authority of Manatee County  
Client Number: 6177  
Invoice Number: 142708

Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Security Code: Exp Date:	Amount Due: Amount Enclosed:
Card #		
Name on card (Please print):		
Address, City, State, Zip Code on card:		
Signature:		

Due Upon Receipt - Thank you for your business