

Statement of Ownership

Source: Florida Entomologist, 104(4): 326-328

Published By: Florida Entomological Society

URL: https://doi.org/10.1653/024.104.0412

BioOne Complete (complete.BioOne.org) is a full-text database of 200 subscribed and open-access titles in the biological, ecological, and environmental sciences published by nonprofit societies, associations, museums, institutions, and presses.

Your use of this PDF, the BioOne Complete website, and all posted and associated content indicates your acceptance of BioOne's Terms of Use, available at <u>www.bioone.org/terms-of-use</u>.

Usage of BioOne Complete content is strictly limited to personal, educational, and non - commercial use. Commercial inquiries or rights and permissions requests should be directed to the individual publisher as copyright holder.

BioOne sees sustainable scholarly publishing as an inherently collaborative enterprise connecting authors, nonprofit publishers, academic institutions, research libraries, and research funders in the common goal of maximizing access to critical research.

Statement of Ownership, Management, and Circulation UNITED STATES Statement of Ownership, Management, and Circulation POSTAL SERVICE (All Periodicals Publications Except Requester Publications)

1. Publication Litle	2. Publication Number	3. Filing Date	
FLORIDA ENTOMOLOGICAL SOCIETY	0015-4040	09/30/2021	
4. Issue Frequency	5. Number of Issues Published Annually	6. Annual Subscription Price	
QUARTERLY	4	60.00	
7. Complete Mailing Address of Known Office of Publication (Not printer) (Str 21419 NORTHWOOD DR.	reet, city, county, state, and ZIP+4®)	Contact Person TERESA DUCHENE	
LUTZ, FL 33549		Telephone (Include area code) (813) 903-9234	
8. Complete Mailing Address of Headquarters or General Business Office of	Publisher (Not printer)		
21419 NORTHWOOD DR LUTZ, FL 33549			
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Ma	paging Editor (Do not leave blank)		
Publisher (Name and complete mailing addresses)	haging Editor (20 horieuve blank)		
E O PAINTER PRINTING			
P O BOX 877			
DELEON SPRINGS, FL 32131			
Editor (Name and complete mailing address)			
EMMA WEEKS			
5321 NW 55TH LANE			
Gainesville, FL 32611			
Managing Editor (Name and complete mailing address)			
TERESA DUCHENE			
21419 NORTHWOOD DR			
LUTZ, FL 33549			
10. Owner (Do not leave blank. If the publication is owned by a corporation, g names and addresses of all stockholders owning or holding 1 percent or names and addresses of the individual owners. If owned by a partnership each individual owner. If the publication is published by a nonprofit organ.	more of the total amount of stock. If not owned or other unincorporated firm, give its name	ed by a corporation, give the	
Full Name	Complete Mailing Address		
FLORIDA ENTOMOLOGICAL SOCIETY	P O BOX 1007 LUTZ, FL 33548		
	,		
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or	- Holding 1 Percent or More of Total Amount	of Bondo, Mortangoo, or	
Other Securities. If none, check box		or bonds, mongages, or	
Full Name	Complete Mailing Address		
	ŕ.		
12. Tax Status (For completion by nonprofit organizations authorized to mail			

Has Not Changed During Preceding 12 Months Has Changed During Preceding 12 Months (*Publisher must submit explanation of change with this statement*)

PS Form **3526**, July 2014 [Page 1 of 4 (see instructions page 4)] PSN: 7530-01-000-9931 PRIVACY NOTICE: See our privacy policy on www.usps.com.

Publication Title ORIDA ENTOMOLGIST		14. Issue Date for Circulation Data Below		
JRIDA ENTOMOLGIST		09/30/2021		
Extent and Na	iture	of Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Numbe	er of	Copies (Net press run)		
b. Paid Circulation (By Mail and Outside the Mail)	(1)	Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	228	222
	(2)	Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	0	0
	(3)	Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	0	0
	(4)	Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)	4	3
c. Total Paid D	istrib	pution [Sum of 15b (1), (2), (3), and (4)]	232	225
d. Free or Nominal Rate Distribution <i>(By Mail and Outside the Mail)</i>	(1)	Free or Nominal Rate Outside-County Copies included on PS Form 3541	0	0
	(2)	Free or Nominal Rate In-County Copies Included on PS Form 3541	0	0
	(3)	Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail)	10	10
	(4)	Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	0	0
e. Total Free o	r Noi	minal Rate Distribution (Sum of 15d (1), (2), (3) and (4))	10	10
f. Total Distribution (Sum of 15c and 15e)		242	235	
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))		127	117	
h. Total <i>(Sum</i> d	of 15	f and g)	369	352
i. Percent Paid (15c divided		5f times 100)	.9586	.9574

* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

UNITED STATES Statement of Ownership, Management, and Circulation POSTAL SERVICE (All Periodicals Publications Except Requester Publications)

16. Electronic Copy Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Paid Electronic Copies	0	0
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a)	232	0
c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a)	242	235
d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c × 100)	.9586	.9574

✓ I certify that 50% of all my distributed copies (electronic and print) are paid above a nominal price.

17. Publication of Statement of Ownership		
If the publication is a general publication, publication of this statement is required. Will be printed	🗌 Pu	blication not required.
in the <u>12/15/21</u> issue of this publication.		
18. Signature and Title of Editor, Publisher, Business Manager, or Owner		Date
Teresa DuChene, Business Mgr.		10/02/2021

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).