

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 Title	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) (Street, city, county, state, and ZIP+4®)	Contact Person
21419 NORTHWOOD DR.	TERESA DUCHENE	
LUTZ, FL 33549	Telephone (Include area code) (813) 903-9234	
8. Complete Mailing Address of Headquarters or General Busines	s Office of Publisher (Not printer)	
21419 NORTHWOOD DR		
LUTZ, FL 33549		
9. Full Names and Complete Mailing Addresses of Publisher, Edit	or, and Managing Editor (Do not leave blank)	
Publisher (Name and complete mailing address)		
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)		
21419 NORTHWOOD DR LUTZ. FL 33549		
 Owner (Do not leave blank. If the publication is owned by a con names and addresses of all stockholders owning or holding 1 names and addresses of the individual owners. If owned by a provided by a p	percent or more of the total amount of stock. If not own	ed by a corporation, give the
each individual owner. If the publication is published by a nonp	• • • • • • • • • • • • • • • • • • •	
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 Amoun	of Bonds, Mortgages, or
Other Securities. If none, check box	► None	
Full Name	Complete Mailing Address	
	ن ۶	
12. Tax Status (For completion by nonprofit organizations authoria	zed to mail at nonprofit rates) (Check one)	
The purpose, function, and nonprofit status of this organization		es:

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		
URIDA ENTC	JIVIO		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
Nominal Rate Distribution (<i>i</i> (<i>By Mail</i> <i>and</i> <i>Outside</i> (<i>i</i> <i>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 Distrib	ution	(Sum of 15c and 15e)	242	235
g. Copies not [Distril	buted (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	Publication 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).