



Statement of Ownership

Source: Florida Entomologist, 99(4) : 829-831

Published By: Florida Entomological Society

URL: <https://doi.org/10.1653/024.099.0452>

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 www.bioone.org/terms-of-use.

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 (Requester Publications Only)

1. Publication Title FLORIDA ENTOMOLOGIST	2. Publication Number 0 0 1 5 - 4 0 4 0	3. Filing Date 9-24-16
4. Issue Frequency QUARTERLY	5. Number of Issues Published Annually 4	6. Annual Subscription Price (if any) \$40.00
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) P. O. BOX 1007 LUTZ, FL 33548-1007		Contact Person T DUCHENE Telephone (Include area code) 813-903-9234

8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer)
P. O. BOX LUTZ, FL 33548-1007

9. Full Names and Complete Mailing Addresses of Publisher, Editor, 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)
VERENA LIETZE P O BOX 357567 GAINESVILLE, FL 32635

Managing Editor (Name and complete mailing address)
TERESA DUCHENE P. O. BOX 1007 LUTZ, FL 33548

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address
FLORIDA ENTOMOLOGICAL SOCIETY	P. O. BOX 1007 LUTZ, FL 33548-1007

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box. None

Full Name	Complete Mailing Address

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)
 The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:
 Has Not Changed During Preceding 12 Months
 Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement.)

13. Publication Title FLORIDA ENTOMOLOGIST		14. Issue Date for Circulation Data Below 09-01-2015	
15. Extent and Nature of Circulation EDUCATIONAL		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (<i>Net press run</i>)		480	480
b. Legitimate Paid and/or Requested Distribution (<i>By mail and outside the mail</i>)	(1) Outside County Paid/Requested Mail Subscriptions stated on PS Form 3541. (<i>Include direct written request from recipient, telemarketing, and Internet requests from recipient, paid subscriptions including nominal rate subscriptions, employer requests, advertiser's proof copies, and exchange copies.</i>)	233	259
	(2) In-County Paid/Requested Mail Subscriptions stated on PS Form 3541. (<i>Include direct written request from recipient, telemarketing, and Internet requests from recipient, paid subscriptions including nominal rate subscriptions, employer requests, advertiser's proof copies, and exchange copies.</i>)	0	0
	(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid or Requested Distribution Outside USPS®	0	0
	(4) Requested Copies Distributed by Other Mail Classes Through the USPS (e.g., First-Class Mail®)	34	34
c. Total Paid and/or Requested Circulation (<i>Sum of 15b (1), (2), (3), and (4)</i>) ▶		267	293
d. Non-requested Distribution (<i>By mail and outside the mail</i>)	(1) Outside County Nonrequested Copies Stated on PS Form 3541 (<i>include sample copies, requests over 3 years old, requests induced by a premium, bulk sales and requests including association requests, names obtained from business directories, lists, and other sources</i>)		
	(2) In-County Nonrequested Copies Stated on PS Form 3541 (<i>include sample copies, requests over 3 years old, requests induced by a premium, bulk sales and requests including association requests, names obtained from business directories, lists, and other sources</i>)		
	(3) Nonrequested Copies Distributed Through the USPS by Other Classes of Mail (e.g., First-Class Mail, nonrequestor copies mailed in excess of 10% limit mailed at Standard Mail® or Package Services rates)		
	(4) Nonrequested Copies Distributed Outside the Mail (<i>Include pickup stands, trade shows, showrooms, and other sources</i>)	15	15
e. Total Nonrequested Distribution [<i>Sum of 15d (1), (2), (3) and (4)</i>]		15	15
f. Total Distribution (<i>Sum of 15c and e</i>) ▶		282	308
g. Copies not Distributed (<i>See Instructions to Publishers #4, (page #3)</i>) ▶		198	172
h. Total (<i>Sum of 15f and g</i>)		480	480
i. Percent Paid and/or Requested Circulation (<i>15c divided by 15f times 100</i>) ▶		94.68	95.12

* 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.




Statement of Ownership, Management, and Circulation (Requester Publications Only)

16. Electronic Copy Circulation	Average No. Copies Each Issue During Previous 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Requested and Paid Electronic Copies ▶		
b. Total Requested and Paid Print Copies (Line 15c) + Requested/Paid Electronic Copies (Line 16a) ▶		
c. Total Requested Copy Distribution (Line 15f) + Requested/Paid Electronic Copies (Line 16a) ▶		
d. Percent Paid and/or Requested Circulation (Both Print & Electronic Copies) (16b divided by 16c × 100) ▶		

I certify that 50% of all my distributed copies (electronic and print) are legitimate requests or paid copies.

17. Publication of Statement of Ownership for a Requester Publication is required and will be printed in the DECEMBER 2016 issue of this publication.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner Date 9-29-16


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).

