



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

1. Publication Title FLORIDA ENTOMOLOGICAL SOCIETY	2. Publication Number 0015-4040	3. Filing Date 09/30/2021
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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 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)  
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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, 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

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  09/30/2021		
15. Extent and Nature of Circulation		<b>Average No. Copies Each Issue During Preceding 12 Months</b>	<b>No. Copies of Single Issue Published Nearest to Filing Date</b>	
a. Total Number of Copies ( <i>Net press run</i> )				
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f. Total Distribution (Sum of 15c and 15e)		242	235	
g. Copies not Distributed ( <i>See Instructions to Publishers #4 (page #3)</i> )		127	117	
h. Total (Sum of 15f and g)		369	352	
i. Percent Paid (15c divided by 15f 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.



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a. Paid Electronic Copies	0	0
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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	<b>.9574</b>

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## 17. Publication of Statement of Ownership

If the publication is a general publication, publication of this statement is required. Will be printed in the 12/15/21 issue of this publication.

Publication not required.

## 18. Signature and Title of Editor, Publisher, Business Manager, or Owner

Date

Teresa DuChene, Business Mgr.

10/02/2021

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