

STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION <i>(Act of October 23, 1962: Section 4369, Title 39, United States Code)</i>		Publisher: File two copies of this form with your postmaster. Postmaster: Complete verification on page 2	Form Approved, Budget Bureau No. 46-8029
1. DATE OF FILING September 1968	2. TITLE OF PUBLICATION Mosquito News		
3. FREQUENCY OF ISSUE Quarterly			
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5. LOCATION OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHERS <i>(Not printers)</i> P. O. Box 273, Selma, California 93662			
6. NAMES AND ADDRESSES OF PUBLISHER, EDITOR, AND MANAGING EDITOR			
PUBLISHER <i>(Name and address)</i> American Mosquito Control Association, Inc., P.O. Box 278, Selma, California			
EDITOR <i>(Name and address)</i> Dr. D. L. Collins, State Education Building, Albany, N.Y. 12224			
MANAGING EDITOR <i>(Name and address)</i>			
7. OWNER <i>(If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)</i>			
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9. FOR COMPLETION BY NONPROFIT ORGANIZATIONS AUTHORIZED TO MAIL AT SPECIAL RATES <i>(Section 132.122, Postal Manual)</i> <i>(Check one)</i>			
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B. PAID CIRCULATION			
1. SALES THROUGH DEALERS AND CARRIERS, STREET VENDORS AND COUNTER SALES		-	-
2. MAIL SUBSCRIPTIONS		1917	1990
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F. OFFICE USE, LEFT-OVER, UNACCOUNTED, SPOILED AFTER PRINTING		195	160
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I certify that the statements made by me above are correct and complete.		<i>(Signature of editor, publisher, business manager, or owner)</i> D. L. Collins	