

**Federal Political Contribution Characteristics of Self-Identified
Radiation Oncologists in the United States from 2003-2018**

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Background: The health care industry has a diverse group of stakeholders who seek relationships within government to help ensure that certain interests are considered in the legislative process. One of these mechanisms of engagement is enabled through political action committees (PACs), which contribute to federal campaigns and influence candidates and legislation.

Objectives: The purpose of this study was to characterize the federal political contributions of American radiation oncologists (ROs). We hypothesized that ROs have contributed mostly to specialty-focused PACs and increased their political contributions over the last 15 years.

Methods: Institutional review board approval was not needed due to the public nature of this study. Public finance data from the Federal Election Commission (FEC) containing information on individual contributions to a federal candidate or committee was obtained from 2003 through 2018. Data was filtered to only include physicians self-identifying as ROs with individual information associated with the contributor's state, contribution date, and dollar amount. Contribution recipients were then linked to specific candidates or committees using the FEC's public campaign finance data, and contribution recipients were manually classified as PAC or a Presidential, Senate, or House candidate or committee. Each individual PAC receiving contributions was noted, such as ASTROPAC (The American Society for Radiation Oncology Political Action Committee), RADPAC (Radiology Political Action Committee), or ACROPAC (American College of Radiation Oncology Political Action Committee). Each recipient candidate and PAC was then classified as Democrat, Republican, or other political party based on FEC designations and overall spending patterns greater than fifty percent to any one political party as detailed by the Center for Responsive Politics (a nonprofit, nonpartisan research group that monitors the flow of money to candidates for political office). Data was analyzed temporally and geographically, in aggregate, and by individual radiation oncologist using summative statistics. Spearman's rho was used to assess the presence of trends in contributions, where the null-hypothesis was rejected for $p < 0.05$.

Results: From 2003 to 2018, the FEC reported a total of 31,646,000 federal political contributions. Exactly 4,617 federal political contributions were made from 1,021 unique self-identified ROs, totaling \$3,350,137. The number of ROs making contributions ranged from 56 in 2005 to 600 in 2016 (mean 289 ± 191.4 ROs yearly), with the mean total annual contribution of \$209,384 with a range of \$28,952 in 2005 to \$543,764 in 2016. The average contribution was \$725.61 but amounts ranged considerably (range \$1 in 2011, 2012, and 2013 to \$35,800 in 2011). Of all RO dollars, 75.4% went to Democrats, 23.8% to Republicans, and 0.8% to others. From 2003-2008, Republicans received the majority of contributions, while Democrats received the majority of contributions during the remaining time frame from 2009-2018. Most RO dollars (81.0%) went to PACs rather than candidates, with the majority of those PAC dollars (50.2%) directed toward ASTROPAC followed by RADPAC (13.6%). ACROPAC received only 0.4% of total PAC dollars. There was a positive annual trend in RO contributions to the House, ($\rho = 0.58$, $p < 0.02$), PACs ($\rho = 0.85$, $p < 0.0001$), Democrats ($\rho = 0.84$, $p < 0.001$), and overall ($\rho = 0.8$, $p < 0.001$).

There was not a significant trend seen in RO contributions over time to Presidential candidates ($p=0.71$, $p<0.06$) or to the Senate ($p=0.49$, $p<0.07$).

Conclusions: ROs' federal political contributions have increased almost 19-fold over the last decade and a half and continues to be an increasing trend. This growth overwhelmingly represents contributions to specialty-focused PACs (ASTROPAC) supporting both Democratic and Republican candidates.

Keywords: Radiation oncologists, political contributions, political action committee, FEC, ASTROPAC, RADPAC

INTRODUCTION:

The political and economic landscapes of medicine are complex and constantly evolving. Indeed, the US health care delivery and payment system landscape has changed with the passage of the Patient Protection and Affordable Care Act in 2010, which intended to emphasize patient access to care, address the rising costs of health care, and incentivize the transition from volume-based to value-based care.¹ More recently for the field of radiation oncology, the Centers for Medicaid & Medicare Services have proposed two payment models within their theme of bundled payments that have drawn strong reactions and criticisms.²⁻⁴

Given the impact of the political and legislative process on medicine, a variety of stakeholders (i.e. payers, health systems, physicians, and patients) engage in political advocacy with members of Congress to ensure that their unique needs and interests are considered and represented in legislative initiatives.^{5,6} One means of engagement is through political action committees (PACs), which are organizations that are dedicated to raising and spending money to help fund the campaigns of federal candidates that advance their members' interests. All PACs must be registered with the Federal Election Commission within 10 days of its formation.⁷ The Political

Action Committee for The American Society for Radiation Oncology (ASTROPAC) is the official PAC of ASTRO; it is a nonpartisan entity that contributes to candidates that align with ASTRO's legislative priorities. Other PACs include the American College of Radiation Oncology Political Action Committee (ACROPAC) and the American College of Radiology Political Action Committee (RADPAC).

The purpose of this study was to characterize the federal political contributions of American radiation oncologists (ROs), with a particular emphasis on contributions to PACs. We hypothesized that ROs have contributed more to specialty-focused PACs than individual candidates and increased their political contributions over the last decade and a half.

MATERIALS AND METHODS

Data Acquisition and Categorization

This retrospective study was performed using publicly available federal data from the FEC⁸ and did not require institutional review board approval as it did not involve the use of human subjects or animal models. The methodology was based in part on a previous work by Patel et al.⁹

Public finance data from the FEC containing information on individual contributions to a federal candidate or committee was obtained from 2003 through 2018. Data was not available prior to 2003 as the Bipartisan Campaign Reform Act was passed in 2002, which first required the reporting of electioneering communications to the FEC in the 2003-2004 election cycle.¹⁰ Each annual data set contained information on individual contributions to a federal candidate or committee. Data was filtered to only include physicians self-identifying as 'radiation

oncologists' or 'radiation oncology' in their self-reported occupation line, as each contribution line contained an identification number corresponding to a recipient, the individual contributor's name, city, state, zip code, self-reported occupation, contribution date, and contribution amount.

Contribution recipients were then linked to specific candidates or committees using the FEC's public campaign finance data,⁸ and contribution recipients were manually classified as PAC or a Presidential, Senate, or House candidate or committee. Each individual PAC receiving funds was noted, such as ASTROPAC, ACROPAC, or RADPAC. Each recipient candidate was then classified as Democrat, Republican, or other political party based on required reports that they file with the FEC. For nominally bipartisan or nonpartisan organizations, partisanship was coded based on overall spending patterns greater than fifty percent to any one political party as detailed by the Center for Responsive Politics on www.opensecrets.org.¹¹ The Center for Responsive Politics is a nonpartisan, independent, and nonprofit research group that monitors the flow of money to candidates for political office; it has received accolades including a national honor for excellence in online journalism.¹²

Data was analyzed temporally and geographically, in aggregate, and by individual RO using summative statistics. Spearman's rho was used to assess the presence of trends in contributions, where the null-hypothesis was rejected for $p < 0.05$.

RESULTS

From 2003 to 2018, the FEC reported a total of 31,646,000 federal political contributions.

During this time period, 4,617 federal political contributions were made from 1,021 unique self-

identified ROs, totaling \$3,350,137. (**Table 1**). The number of ROs making contributions ranged from 56 in 2005 to 600 in 2016 (mean 289 ± 191.4 ROs yearly), with the mean total annual contribution of \$209,384 with a range of \$28,952 in 2005 to \$543,764 in 2016). The average contribution was \$725.61, but amounts ranged considerably (range \$1 in 2011, 2012, and 2013 to \$35,800 in 2011).

Most RO dollars (81.0%) went to PACs rather than candidates, with the majority of those PAC dollars (50.2%) directed toward ASTROPAC followed by RADPAC (13.6%) (**Figure 1**). **Table 2** displays the top 10 recipients PACs receiving contributions over the time period. ACROPAC received only 0.4% of total PAC dollars.

Of all RO dollars, 75.4% went to Democrats, 23.8% to Republicans, and 0.8% to others. From 2003-2008, Republicans received the majority of contributions, while Democrats received the majority of contributions during the remaining time frame from 2009-2018 (**Figure 2**). **Table 3** shows the overall top 10 recipients of political contributions. **Appendix Table** breaks down contributions by individual states over time. When analyzed by US states and territories, there was a dramatic shift over time with only 29 states having ROs that made contributions in 2003-2004 (with 7 states contributing a total of \$5,001 or more), while 45 states had ROs that made contributions in 2017-2018 (with 19 states contributing a total of \$5,001 or more) (**Figures 3a and 3b**). In descending order, ROs' from the states of Colorado, California, and Florida contributed almost a third of the overall contributions (total \$988,447; 30%; **Appendix Table**). A map showing aggregate RO political contributions over the entire time period from 2003-2018 is presented in **Figure 3c**.

There was a positive annual trend in RO contributions to the House, ($\rho=0.58$, $p<0.02$), PACs ($\rho=0.85$, $p<0.0001$), Democrats ($\rho=0.84$, $p<0.001$), and overall ($\rho=0.8$, $p<0.001$). There was not a significant trend seen in RO contributions over time to Presidential candidates ($\rho=0.71$, $p<0.06$) or to the Senate ($\rho=0.49$, $p<0.07$).

DISCUSSION

Survey research indicates that most physicians consider advocacy, including political involvement in public health and health policy concerns, part of their professional duties.¹³ Our study characterized federal political contributions by self-identified ROs over the last 16 years and found that contributions increased 19-fold with the majority of those funds given to PACs (specifically ASTROPAC) rather than specific candidates. This seems to suggest that ROs overall prioritize profession over party affiliation when making political contributions.

Nonetheless, when examining the flow of all political contributions that ROs gave directly to candidates and indirectly to candidates through PACs, Democratic candidates overall received the majority of contributions (75%). This is consistent with prior literature that showed a decline in the percentage of overall physicians contributing to Republicans over the last three decades.¹⁴ A study found that federal political contributions by radiologists were, however, favoring Republicans over Democrats.⁹

We did see a shift with Republicans receiving the majority of contributions from 2003-2008 and Democrats receiving the majority of contributions during the remaining time frame from 2009-

2018 (**Figure 2**). The interesting shift in the 2007-2008 cycle could be attributed to a number of causes, as it was a presidential election when President Obama was first elected and public opinion was turning unfavorably toward the Iraq war,¹⁵ among numerous other factors. The increase in physicians supporting Democrats has been attributed to increased diversity in employment types, sex, and specialties in a historically conservative profession.^{14,16} Shifts in ROs' contributions during presidential election years can also be seen (i.e. in 2016, **Figures 1 and 2**), concordant with literature showing greater overall political contributions in presidential election years.^{14,17}

Our study showed a positive annual trend in PAC contributions ($\rho=0.68$, $p<0.005$) and overall contributions ($\rho=0.8$, $p<0.001$). This is consistent with previous data showing an increase in physician campaign contributions over the last couple decades from \$20 million in 1991-1992 to \$189 million in 2011-2012.¹⁴ With this growth in contributions, it is important to reflect on the history of PACs. PACS had their origin in the mid-1940s when the U.S. Congress enacted the Smith-Connely Act. This bill recognized the potential dangers of relationships between members of Congress and large labor unions. In response to the act, The Congress of Industrial Organizations formed the first PAC and collected voluntary rather than mandatory union dues and used the funds to influence candidates for their members' benefit. PACs were formally established in the 1971 Federal Election Campaign Act. Key legislation and judicial decisions affecting PACs are summarized in **Table 4**.

While ASTROPAC received the majority of PAC dollars, RADPAC and ACROPAC received 13.6% and 0.4% of total PAC dollars (**Table 2**). Whether ROs' contributions to PACs continue

to increase with the upcoming presidential election in 2020 will be of interest as the focus is placed on health care expenditures and Medicare.^{3,4} Other specialties including interventional radiology and cardiothoracic surgery have already made calls for increased contributions to grow their specialties' advocates in Congress.^{18,19} There is ample opportunity for ROs to increase participation and contributions to increase the field's growth and influence in the federal political space.

Limitations and Future Work

This study has limitations. We used federal datasets and relied on self-identified ROs; some ROs may have identified themselves in a manner that would not be captured in our search (i.e. listing their occupation more generally as a physician or health care provider). While the PAC itself may not identify with a particular political party, for the purposes of this study partisanship was given based on a majority of their overall funding (over the last 16 years) flowing to a particular political party as detailed above. Also, federal contribution data was obtained beginning in the year 2003 as no electronic data was available prior to that year due to the Bipartisan Campaign Reform Act of 2002 as mentioned previously.¹⁰ There also may have been errors in the FEC data files, but we have no means of validating every entry disclosed by that federal agency.

Future studies could examine RO characteristics associated with the actual behavior of donating to PACs like ASTROPAC. Survey work in the radiology literature has shown that personal income greater than \$450,000, good/excellent knowledge of federal advocacy, and awareness that specialty PACs are not funded by membership dues or foundation funds were associated with increased odds for donation.⁶

Conclusion

ROs' federal political contributions have an opportunity to shape federal legislation affecting health care delivery in the US. ROs' federal political contributions have increased almost 19-fold over the last decade and a half and continues to be an increasing trend. This growth overwhelmingly represents contributions to specialty-focused PACs (ASTROPAC) supporting both Democratic and Republican candidates.

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Figures:

Figure 1: Contributions by U.S. Radiation Oncologists By Category

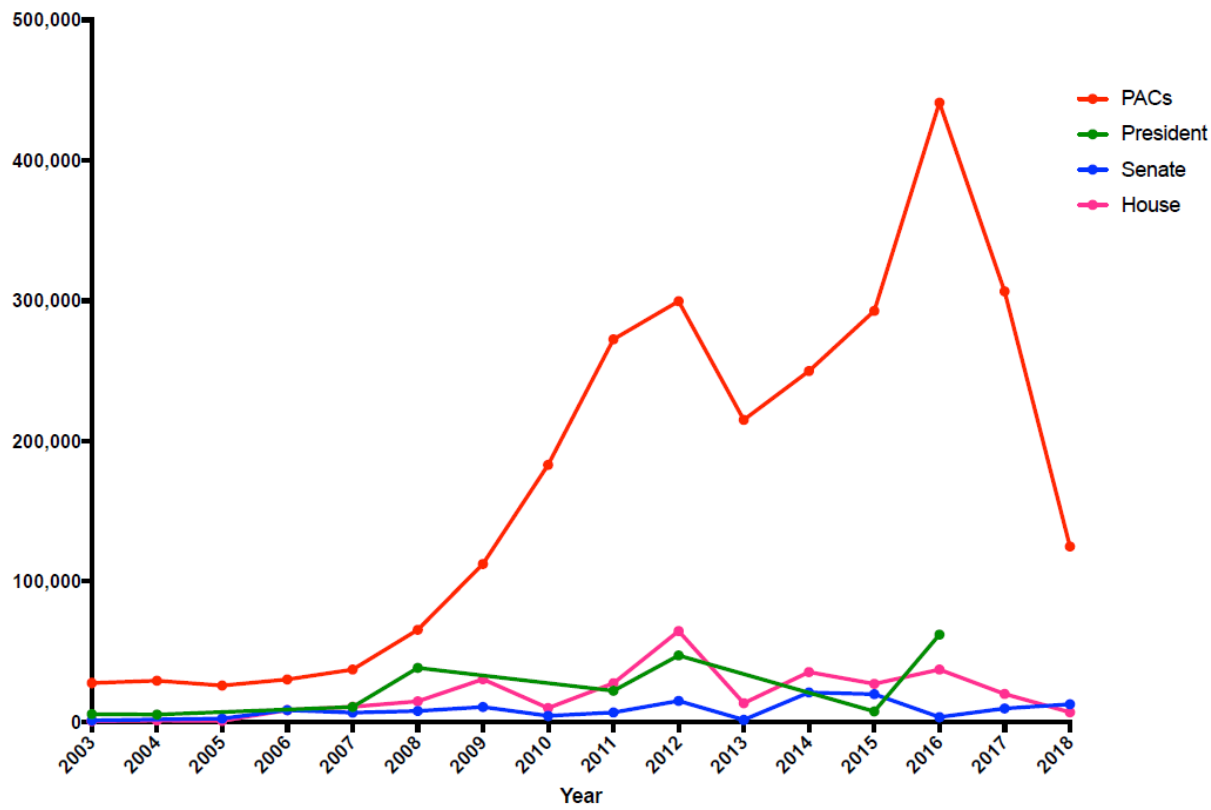
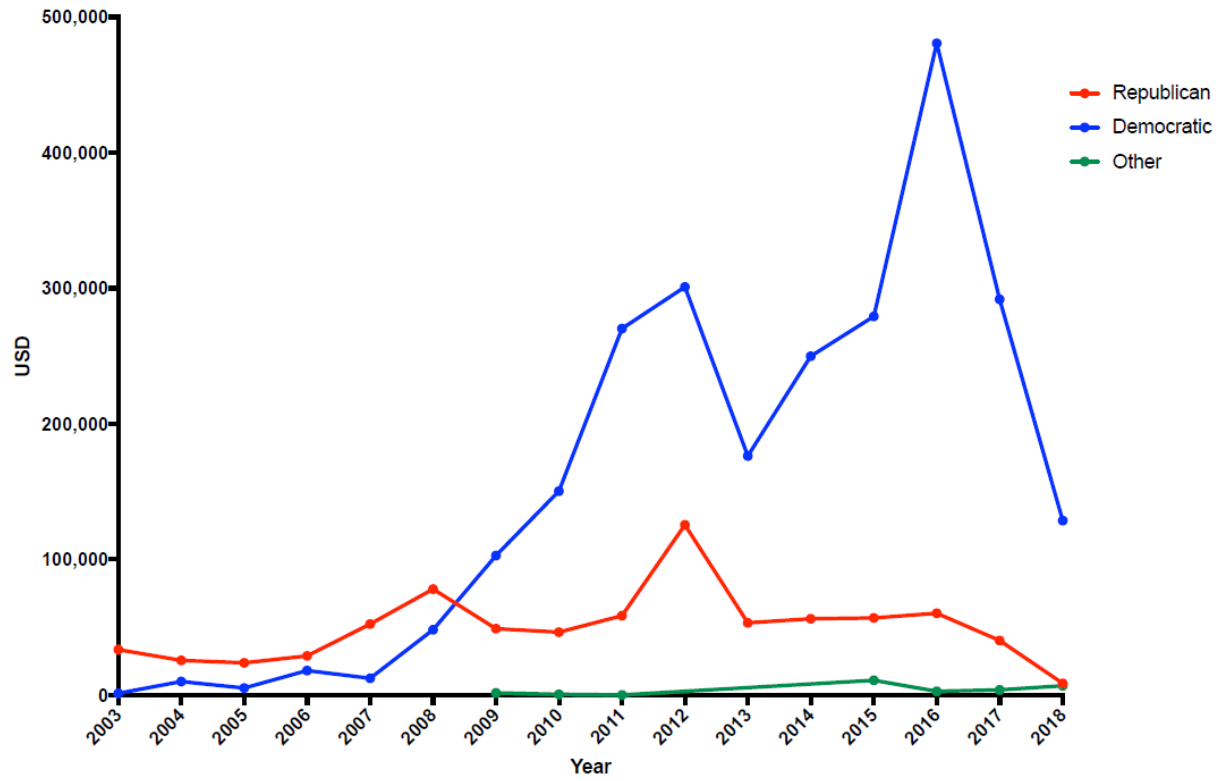
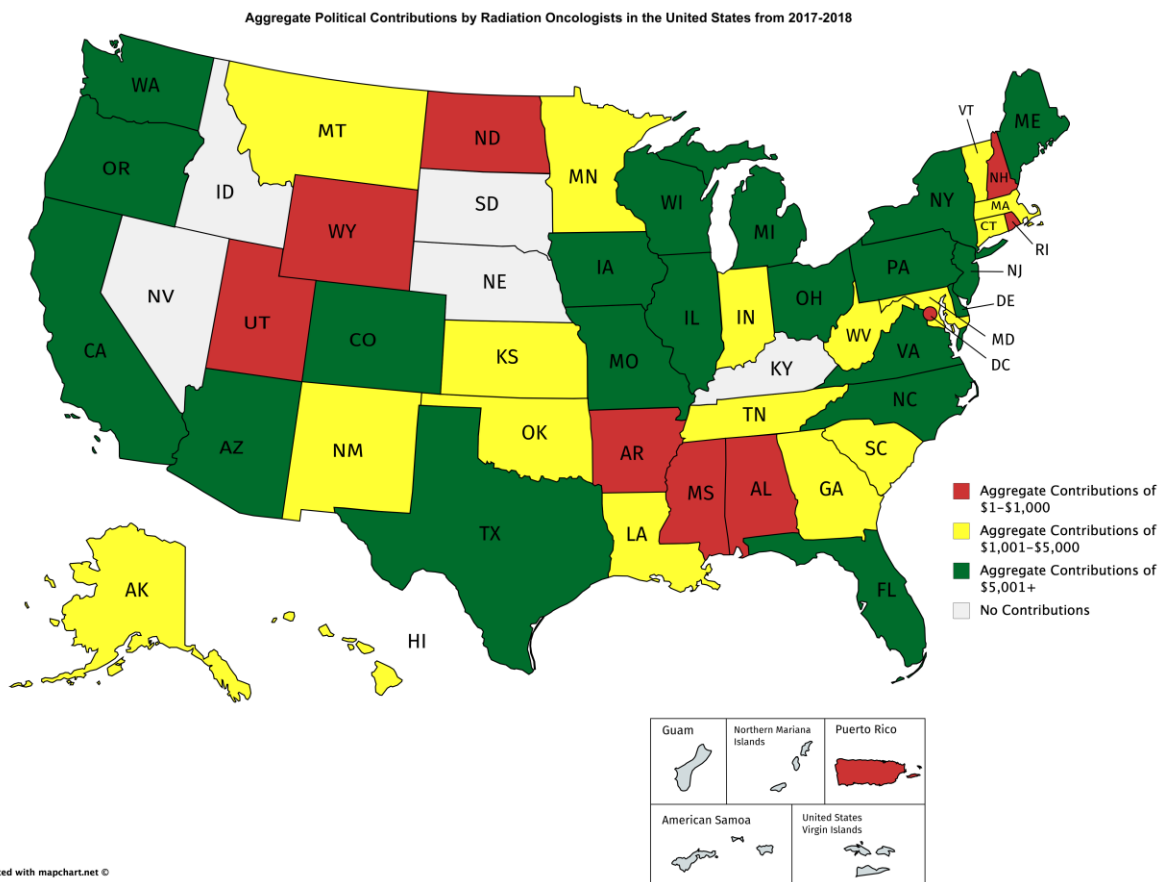


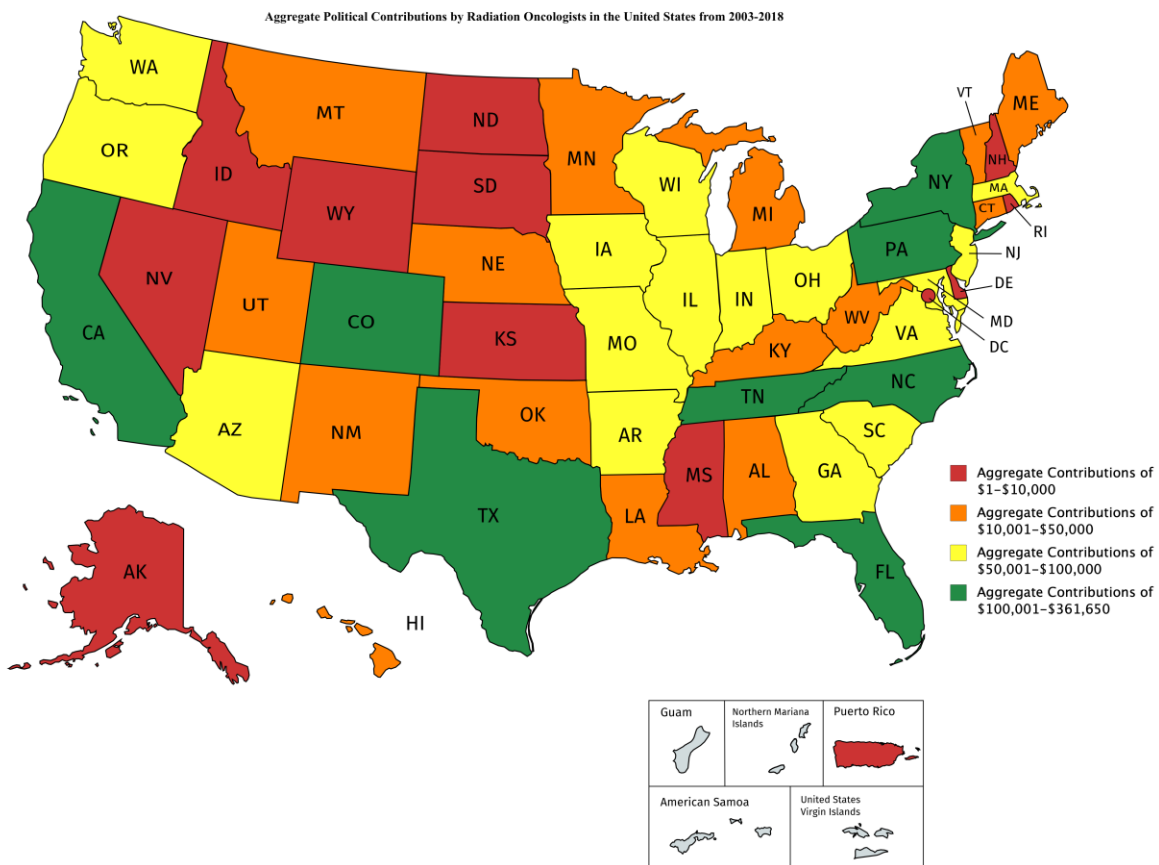
Figure 2: Political Party Contributions by U.S. Radiation Oncologists from 2003-2018



(b)



(c)



Tables

Table 1: Number of Radiation Oncologists and US dollar amount contributed to the federal election per year (from 2003-2018)

Number of Radiation Oncologists	US Dollar Amount		Minimum Contribution (nearest dollar)	Maximum Contribution (nearest dollar)
	Average	Standard Deviation (nearest dollar)		
66	560	498	240	2500
68	573	493	85	2500
56	546	387	240	2500
79	593	535	50	2500
87	745	608	160	3000
149	849	940	50	5000
229	669	593	50	5000
312	632	429	20	2500
399	824	1967	1	35800
532	802	1084	1	10000
369	623	510	1	3000
491	624	680	2.5	5200
472	735	713	5	5100
600	906	936	5	8100
478	703	576	3	5400
230	627	476	10	3400

Table 2. Top 10 Political Action Committees by Contributions of United States Radiation Oncologists from 2003-2018

Organization	2003 (\$)	2004 (\$)	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)	2018 (\$)	Total (\$)
ASTRO PAC				2,000		500	70,001	133,160	171,878	160,641	162,275	132,915	158,401	121,451	155,176	93,700	1,362,098
RADPAC	19,150	19,350	22,602	27,901	33,972	34,072	35,692	34,052	42,553	59,130	47,130	19,900	22,107	21,846	11,950	4,875	456,282
DCCC										2,750	201	44,140	41,914	159,635	35,775	13,950	298,365
ACTBLUE						313	300	850		5,924	1,478	34,023	59,700	102,672	63,030	4,415	272,704
OBAMA VICTORY FUND 2012									45,800	3,750							49,550
US Oncology Network PAC								5,300	7,850	8,150				2,250	20,457	3,458	47,466
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA							250			32,000							32,250
PROGRESSIVE TURNOUT PROJECT														8,973	17,175	2,100	28,248
REPUBLICAN NATIONAL COMMITTEE	2,340	1,788	350			12,275	1,701	300		7,000	300	405		560			27,019
ROMNEY VICTORY INC										15,550							15,550

Abbreviations: RAD: American College of Radiology; ASTRO: American Society for Radiation Oncology; DCCC: Democratic Congressional Campaign Committee; PAC: political action committee

Table 3. Top 10 Recipients of Political Contributions by United States Radiation Oncologists from 2003-2018

Organization	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total (\$)
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	
ASTROPAC				2,000		500	70,001	133,160	171,878	160,641	162,275	132,915	158,401	121,451	155,176	93,700	1,362,098
RADPAC	19,150	19,350	22,602	27,901	33,972	34,072	35,692	34,052	42,553	59,130	47,130	19,900	22,107	21,846	11,950	4,875	456,282
DCCC										2,750	201	44,140	41,914	159,635	35,775	13,950	298,365
ACTBLUE						313	300	850		5,924	1,478	34,023	59,700	102,672	63,030	4,415	272,704
OBAMA FOR AMERICA					3,300	33,688			20,950	25,397							83,335
OBAMA VICTORY FUND 2012									45,800	3,750							49,550
US ONCOLOGY NETWORK PAC								5,300	7,850	8,150				2,250	20,457	3,458	47,466
BERNIE 2016													2,000	37,850			39,850
KREITLOW FOR CONGRESS									2,700	30,775							33,475
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA							250			32,000							32,250

Abbreviations: RAD: American College of Radiology; ASTRO: American Society for Radiation Oncology; DCCC: Democratic Congressional Campaign Committee; PAC: political action committee

Table 4: Key Legislation and Judicial Decisions Affecting Political Action Committees

Legislation/Judicial Decision	Summary	Date
Smith-Connally Act (War Labor Disputes Act) ²¹	Forbids labor unions from contributing to candidates' campaigns for federal election	1943
Federal Election Campaign Act ²²	Requires disclosures of campaign donations and allowed corporations and unions to use general funds to administer its PAC	1971
Bipartisan Campaign Reform Act (McCain-Feingold Act) ²³	Prohibits certain communications financed by general funds of corporations and unions, and includes the "stand by you ad" provision (i.e. "I approve of this message")	2002
Citizens United vs. Federal Election Commission ²⁴	Prohibits the government from restricting independent political expenditures by corporations and labor unions due to freedom of speech; creates independent expenditure-only committees ("super-PACs") that may overtly advocate for or against political candidates	2010

Appendix Table: Political Contributions of Radiation Oncologists from 2003-2018 by States (in dollars)

State or Territory	2003 (\$)	2004 (\$)	2005 (\$)	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	2016 (\$)	2017 (\$)	2018 (\$)	Total	
AK		1,000											250	2,700	250	1,500	5,70	
AL		2,000			3,700	1,000	2,000	1,500	1,500	750	1,250	7,550	2,450	1,250	500		25,450	
AR				1,000			3,000	300	250	500	500	250	200	67,510	1,000		74,510	
AZ					500		4,050	9,300	7,929	7,679	11,380	16,600	8,250	7,250	5,050	4,000	81,988	
CA	2,150	2,350	2,440	7,020	21,135	25,170	30,625	38,680	43,405	43,037	46,650	10,110	15,237	14,286	12,316	7,150	321,762	
CO	550						1,000	2,500	4,150	7,250	6,570	63,203	54,696	77,643	120,648	23,440	361,650	
CT					400		2,500	4,400	1,250	1,650	1,800	1,850	3,057	2,070	2,100	500	21,577	
DC							500		1,000	250	250	1,000	1,500		250		4,750	
DE							250	300			1,000		1,500	1,000	4,250	1,500	9,800	
FL	4,150	2,000		1,000	2,300	25,706	19,050	12,675	73,900	67,575	10,110	10,950	31,019	28,900	10,700	5,000	305,035	
GA	750	1,500			1,000	6,610	6,050	3,970	3,500	4,850	3,000	8,005	1,750	4,600	3,000	2,000	50,585	
HI	1,000							1,250	2,500	500	500	750	1,100	1,250	2,250	1,000	12,100	
IA	3,700	2,500	2,750	2,500	2,600	2,650	4,365	5,750	5,250	4,000	3,600	5,000	3,750	5,000	14,300	3,750	71,465	
ID							250	500	300				250	250			1,550	
IL	300	750	2,400	250	3,700	3,800	3,500	5,500	6,975	7,500	6,860	6,000	4,150	2,000	13,450	6,000	73,135	
IN	1,200		2,387	3,051	822	1,058	2,852	2,000	1,750	20,711	10,900	8,200	2,000	6,000	500	1,500	64,930	
KS							250	1,250	1,250	1,250	1,500	750		1,750	1,750		9,750	
KY	650	6,685		50		1,275		1,200	500	1,550	700	750	1,200	500			15,060	
LA	750	250	1,500	865	300	500	2,000	1,000	2,350	250	1,250			1,500	1,800		14,315	
MA				250		2,260	4,500	5,375	6,074	8,443	10,250	4,700	16,550	1,751	3,250	825	64,228	
MD	2,040	4,006	1,000	1,000	1,000	1,250	1,000	6,100	14,000	9,650	5,600	5,000	6,450	2,000	3,000	1,750	64,846	
ME	250	250		250									300		2,400	7,050	10,500	
MI						2,500	3,750	3,750	4,865	5,950	3,620	3,965	2,750	3,750	6,750	5,250	46,900	
MN				1,100	300	1,450	750	1,000	2,000	3,832		1,000	250	325	2,050	2,000	16,057	
MO	2,250	1,750	5,850	4,650	5,450	2,615	6,020	7,500	7,500	11,250	13,160	3,250	4,750	6,250	3,000	3,250	88,495	
MS	500					300	250	250	250		1,250	750	250	250	250	250	4,550	
MT		500	250	5,720	410	8,557	800	6,775	4,400	6,265	250	350	500	3,950	3,100	1,000	42,827	
NC		250	500	250				11,250	11,600	4,875	36,100	9,750	5,250	27,489	26,000	27,100	26,760	187,174
ND							701	750	500	1,450	750	550	250		250		5,201	
NE	2,500					1,013	750	1,000	1,000	1,000	500	1,000		1,300			10,063	
NH										1,000	700				250	700	2,650	
NJ	250		500	1,600		3,000	14,850	3,750	5,750	6,200	9,250	7,500	4,000	3,500	4,250	2,000	66,400	
NM						250	500	2,000	3,000	1,000	1,000	1,000	1,300	1,000	1,000	1,000	13,050	
NV					700	250		1,240	2,850	1,750	1,000	1,000	500				9,290	
NY	1,000	500	1,000	450	3,200	2,350	3,250	3,050	17,250	12,950	7,100	20,900	11,750	13,220	6,800	3,650	108,420	
OH	500	500	250	250	500	500	4,250	9,750	13,254	9,800	10,850	6,050	6,089	5,750	6,332	4,200	78,825	
OK				5,942			1,000	3,250	1,250	3,000	3,500	1,500	1,250	6,010	1,000	1,000	28,702	
OR	350				1,750		1,000	4,800	8,600	6,400		2,100	250	2,250	21,207	4,708	53,416	
PA	1,500	3,750	3,000	2,500	2,500	3,015	1,450	4,208	13,856	19,800	9,400	15,425	24,400	10,726	6,250	3,950	125,730	
PR							750	500		1,250	500	500	1,000	500	250	250	5,500	
RI							500	1,490	1,500	1,000			240		750		5,480	
SC	3,250	2,000		763	5,300	4,700	1,201	1,500	6,900	22,300	3,900	7,450	3,500		3,000		65,764	

