

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission File#)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR FIRST: TIMOTHY MI: H. NICKNAME: _____ LAST: NELSON SUFFIX: _____	OFFICE USE ONLY Date Received: JUL 15 2011 via fax City Secretary's Office 3:45 pm tjt Date Hand-delivered or Postmarked: _____ Receipt # _____ Amount _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 10412 NOEL DR FRISCO, TX 75035 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (972) PHONE NUMBER: 898-8461 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR. FIRST: DAVID MI: H. NICKNAME: _____ LAST: PAUL SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 623 DOGWOOD TR. MCKINNEY, TX 75070 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (972) PHONE NUMBER: 562-7248 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 5 / 15 / 2011 THROUGH Month Day Year: 6 / 30 / 2011		
11 ELECTION	ELECTION DATE: Month Day Year: 5 / 14 / 2011	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): FRISCO CITY COUNCIL (PLACE 5)	13 OFFICE SOUGHT (if known): FRISCO CITY COUNCIL (PLACE 5)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name: _____ Address / PO Box: _____ Apt. / Suite #: _____ City: _____ State: _____ Zip Code: _____		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME TIMOTHY H. NELSON 16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 90.27
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6865.27
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 95.28
	4. TOTAL POLITICAL EXPENDITURES	\$ 12185.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 204.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Timothy H. Nelson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 15 day of July, 2011, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>1/2</i>	
2 FILER NAME <i>TIMOTHY H. NELSEN</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/11/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JENNIFER KIM</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>16875 DIANA LN. HOUSTON, TX 77058</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/19/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TONY EWING</i>	Amount of contribution (\$) <i>5000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6323 KARENS CT FRISCO, TX 75034</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>PRESIDENT</i>		Employer (See Instructions) <i>ADVANCED FIXTURES</i>	
Date <i>5/29/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ANDREW LOWERY</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1931 THORNBERRY DR. MELISSA, TX 75454</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>MILITARY</i>		Employer (See Instructions)	
Date <i>5/10/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ROBERT BEAR CRAFT</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable) <i>RO BEARS PRODUCTS - SALSA ETC</i>
Contributor address; City; State; Zip Code <i>11356 DEEP CANYON TRL FRISCO, TX 75034</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BRIAN WHITE</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11497 MANSFIELD DR. FRISCO, TX 75035</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		SCHEDULE A	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2/2</u>	
2 FILER NAME <u>TIMOTHY H. NELSON</u>		3 ACCOUNT # (Ethics Commission Filere)	
4 Date <u>5/18/2011</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Homebuilder Association of Greater Dallas PAC</u>	7 Amount of contribution (\$) <u>500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5816 W. Plano Pkwy Plano, TX 75093</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>5/19/2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>LESLIE KEATING</u>	Amount of contribution (\$) <u>1000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4749 JERRAL DR. FRISCO, TX 75034</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>SENIOR UP OPERATIONS</u>		Employer (See Instructions) <u>FRITO LAY</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL EXPENDITURES	SCHEDULE F
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1/2	2 FILER NAME TIMOTHY H. NELSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/6/2011	5 Payee name TIM H. NELSON
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6 Amount (\$) 110.00	7 Payee address; City; State; Zip Code 10412 NOEL DR FRISCO, TX 75035
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	(b) Description (If travel outside of Texas, complete Schedule T) REIMBURSEMENT CAMPAIGN PERSONAL EXPENSES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/15/2011	Payee name TIM H. NELSON
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Amount (\$) 1400.00	Payee address; City; State; Zip Code 10412 NOEL DR FRISCO, TX 75035
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) REIMBURSEMENT CAMPAIGN PERSONAL EXPENSES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/27/2011	Payee name TIM H. NELSON
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Amount (\$) 5000.00	Payee address; City; State; Zip Code 10412 NOEL DR. FRISCO TX 75035
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) REIMBURSEMENT CAMPAIGN PERSONAL EXPENSES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/31	Payee name TIM H. NELSON
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Amount (\$) 4500.00	Payee address; City; State; Zip Code 10412 NOEL DR FRISCO TX 75035
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) REIMBURSEMENT CAMPAIGN PERSONAL EXPENSES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/2	2 FILER NAME TIMOTHY H. NELSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/30/2011	5 Payee name TIM H. NELSON
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6 Amount (\$) 220.78	7 Payee address; City; State; Zip Code 10412 NOBLE DR. FRISCO TX 75035
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	(b) Description (If travel outside of Texas, complete Schedule T) REIMBURSEMENT OF CAMPAIGN PERSONAL EXPENSES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 112		2 FILER NAME TIMOTHY H. NELSON		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 5/11/2011		5 Payee name IN N OUT			
6 Amount (\$) 260.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2800 PRESTON RD FRISCO, TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) GIFTS EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) GIFT CARDS VOLUNTEERS	
Date 5/11/2011		Payee name IN N OUT			
Amount (\$) 57.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2800 PRESTON RD FRISCO, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD EXPENSE		Description (If travel outside of Texas, complete Schedule T) \$100.35 CAMPAIGN TEAM EVENT	
Date 5/5/2011		Payee name ISABELLA'S			
Amount (\$) 16.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1279 LEGACY DR SUITE 100 FRISCO TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD EXPENSE		Description (If travel outside of Texas, complete Schedule T) ARTS EVENT	
Date 5/1/2011		Payee name WAL MART			
Amount (\$) 192.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 8801 OHIO DR PLANO, TX 75024			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POLLING EXPENSE		Description (If travel outside of Texas, complete Schedule T) TENTS CHAIRS	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2/2	2 FILER NAME TIMOTHY H. NELSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/30/2011	5 Payee name PAYPAL
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6 Amount (\$) 51.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 45950 OMAHA, NE 68145
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) TRANSACTION FEES
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Date 5/19/2011	Payee name OFFICE DEPOT
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Amount (\$) 200.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2930 PRESTON RD # 700 FRISCO TX 75034
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES	Description (If travel outside of Texas, complete Schedule T)
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Date 5/7/2011	Payee name WALMART
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Amount (\$) 171.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8801 OHIO DRIVE PLANO, TX 75024
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) TENTS FOR POLLS
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Date 5/19/2011	Payee name USPS - D1 POSTAL CENTERS
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Amount (\$) 64.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8749 WADE BLVD FRISCO, TX 75034
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTAGE
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED