# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME  7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER FIRST MS.  Karen  NICKNAME  LAST Fisher  STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY;  TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER  EXTENSION  Date Hand-delivered or Date  Receipt # Amou Date Processed  Date Imaged			a complete this form	1 Filer	ID (Ethics Commission Filers)	2 Total pages fi	led:	
SCANDIDATE / OFFICEHOLDER NAME   NICKNAME   LAST   RONAID   NICKNAME   ADDRESS   PO BOX   APT   SUITE #; CITY: STATE: ZIP CODE	The C/OH Instruction	Suide explains now t	o complete this form.					
RON DISCHIEF REC'D JUL 17  3046 PM WWWWWWW WWWWWW WWWWWW WWWWWW RECIPION Date Hand-delivered or Date Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # Amount Receipt # Amount Receipt # Amount Date Hand-delivered or Date Receipt # Amount Receipt # A	OFFICEHOLDER				MI		USE ONLY	
OFFICEHOLDER ADDRESS Change of Address  Change of Address  CANDIDATE/ OFFICEHOLDER OFFICHHOR OFFICHHOR OFFICHHOR OFFICHHOR OFFICHHOR OFFICHHOR OFFICH OFFICHHOR O	NAME				SUFFIX	REC'D JUL	17 2023	
CAMPAIGN   TREASURER NAME   MS   MRS   MR   FIRST   MI   MS   MRS   MR   MRS   MR   MRS   MR   MR	OFFICEHOLDER MAILING ADDRESS	13045 Quail I	Ridge RD	WMoreland				
Additional Pages  MS / MRS / MR	OFFICEHOLDER				EXTENSION		d or Date Postmarked	
TCAMPAIGN TREASURER ADDRESS (Residence or Business)  CAMPAIGN TREASURER ADDRESS (Residence or Business)  CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER  EXTENSION  AREA CODE PHONE NUMBER  EXTENSION  AREA CODE PHONE NUMBER  EXTENSION  TREASURER PHONE  AND TOTAL STATE:  AREA CODE PHONE NUMBER  EXTENSION  TREASURER PHONE  AND TOTAL STATE:  IN THE SAURER PHONE  AND TOTAL STATE:  IN THE BOD TOTAL STATE:  IN THE BOD TOTAL STATE  ELECTION DATE Month Day Year  A					MI			
TREASURER ADDRESS (Residence or Business)  AREA CODE PHONE NUMBER EXTENSION  AREA CODE PHONE NUMBER  AREA CODE		NICKNAME			SUFFIX	Date Imaged		
AREA CODE PHONE NUMBER EXTENSION  AREA CODE PHONE NUMBER EXTENSION  TREASURER PHONE   AREA CODE  PHONE NUMBER  EXTENSION  TREASURER PHONE  AREA CODE  PHONE NUMBER  EXTENSION  TREASURER PHONE  PHONE NUMBER  EXTENSION  TO PERIOD  This day after camp to reasure appointment (Officeholder Only)  This day after camp to reasure appointment (Officeholder Only)  This day after camp to reasure appointment (Officeholder Only)  This day after camp to reasure appointment (Officeholder Only)  This day before election  Exceeded Modified Reporting Limit  Exceeded Modified Reporting Limit  Through  Through  Through  Through  Through  Through  Through  Through  The Candidate of Political Contributions accepted on Political Expenditures Made By Political Committee Through The Candidate's or Officeholder's Consent. Candidate's Or Officeholder's Consent. Candidate's Or Officeholder's Consent. Candidate's Candidate's Candidate's Candidate's Candidate's Candidate's Candidate's Candidate's Candidate's Can	TREASURER ADDRESS	1231 Pine St		PT / SUITE #;	CITY;	STATE;	ZIP CODE	
July 15  8th day before election  Exceeded Modified Reporting Limit  Month Day Year  4	B CAMPAIGN TREASURER				EXTENSION			
Additional Pages    Month   Day   Year   THROUGH   THE CAMBRICH TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH ITERAL	9 REPORT TYPE				Exceeded Modified	treasurer (Officehole	appointment	
Month Day Year General Special  12 OFFICE  OFFICE HELD (if any)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE CANDIDATE'S OR OFFICEHOLDERS MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE ADDRESS  COMMITTEE ADDRESS		Month 4	4 / 11 / 23 THROUGH 7 / 14 / 23					
14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH COMMITTEE TYPE  Additional Pages  Additional Pages  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME	11 ELECTION	Month Day	Year Pri		Runoff Other Description	E		
POLITICAL COMMITTEE(S)  THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME	12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if know	wn)		
COMMITTEE(S)  COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME	POLITICAL							
Additional Pages  COMMITTEE CAMPAIGN TREASURER NAME								
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	Additional Pages	GENERAL	COMMITTEE ADDRESS	3				
		SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS			COMMITTEE CAMPAIG	ON TREASURER	ADDRESS			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Ronald (Ron) Disch	ller		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		CAL CONTRIBUTIONS (OTHER THAN RANTEES OF LOANS, OR ECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF LOANS)	\$ 7,032.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEN	IDITURES	\$ 1,508.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB	UTIONS MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS OI ING PERIOD	\$
	Please com	plete either option belov	v:
(1) Affidavit			
1 - 7	ped before me by	this the	
Marine	rtify which, witness my hand and seal of office.	n tisher	KAREN G. FISHER My Notary ID # 1426353 TEXPLOSE FEBRUARY 2024
Signature of officer admir	instering oath Printed name of	officer administering oath	THE CONTROL OF THE CO
(2) Unsworn Declar	ration	OR	
My name is		, and my date of birth is	s
My address is		,	
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of(mont	, 20 h) (year)
		Signature of Candi	idate/Officeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

(Ron) Dischler	20 Filer ID (Ethics Comm	ission Filers)	
JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,032.00	
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTR	RIBUTIONS	\$	
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
SCHEDULE E: LOANS		\$	
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	OLITICAL CONTRIBUTIONS	\$ 1,508.83	
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM	A POLITICAL CONTRIBUTIONS	\$	
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PE	ERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER	O CONTRIBUTIONS RETURNED	\$	
	(Ron) Dischler  JLE SUBTOTALS F SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONNEL PROMOTORY OF THE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM ITS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND	(Ron) Dischler  JESUBTOTALS FSCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
on) Dischler	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) Sallie Floyd	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code Orange, TX 77632	50.00
pation / Job title (See Instructions)  9 Employer (See Instru	ctions)
Full name of contributor • out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	500.00
Lafayette, LA. 70508	
pation / Job title (See Instructions) Employer (See Instru	ctions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code  Orange, TX 77632	100.00
pation / Job title (See Instructions)  Employer (See Instru	actions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Ray Beck  Contributor address; City; State; Zip Code  Brookeland, TX 75931	100.00
	uctions)
	Sallie Floyd  6 Contributor address; City; State; Zip Code  Orange, TX 77632  pation / Job title (See Instructions)  Full name of contributor  David Lippman  Contributor address; City; State; Zip Code  Lafayette, LA. 70508  Pation / Job title (See Instructions)  Full name of contributor  Alex & Donna Moses  Contributor address; City; State; Zip Code  Orange, TX 77632  Pation / Job title (See Instructions)  Full name of contributor  Alex & Donna Moses  Contributor address; City; State; Zip Code  Orange, TX 77632  Pation / Job title (See Instructions)  Full name of contributor  Ray Beck  Contributor address; City; State; Zip Code  Brookeland, TX 75931

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to complete this form	n.	1 Total pages Sched	fule A2:
2 FILER NA	ME		3 Filer ID (Ethics Co	ommission Filers)
TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outs	 
0 Principal o	occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
2 Contributo	or's principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
4 Contributo	or's employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spou	use (if any) (FOR JUDICIAL)
6 If contribut	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	I In-kind contribution description
	Contributor address; City; State;	Zip Code	1	
Principal o	occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributo	or's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JI	UDICIAL) (See Instructions)
Contributo	or's employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spou	use (if any) (FOR JUDICIAL)
If contribu	itor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# PLEDGED CONTRIBUTIONS

### SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

Principal occupation /  Date Fu  Ple	name of pledgor  dgor address;  Job title (See Instruction I name of pledgor  edgor address;	City;  tions)	State; Z	\$ sip Code	Amount   of Pledge \$	9 In-kind contribution description  de of Texas. Complete Schedul  In-kind contribution description
Date 6 Full 7 Ple  Principal occupation /  Principal occupation /	name of pledgor  dgor address;  Job title (See Instruction I name of pledgor  edgor address;	City;	State; Z	ip Code	Amount of Pledge \$     Check if travel outsistructions)	description  de of Texas. Complete Schedul
Principal occupation /  Date Fu  Principal occupation /	dgor address;  Job title (See Instruction I name of pledgor edgor address;	City; tions)	State; Z	ip Code	of Pledge \$	description  de of Texas. Complete Schedu
Date Fu	I name of pledgor	out-of-state PAC	(ID#:	ployer (See Ins	Amount	In-kind contribution
Date Fu	I name of pledgor	out-of-state PAC	(ID#:	ployer (See Ins	Amount	
Principal occupation /	edgor address;					
Principal occupation /	dgor address;		State; Z			
	lab title (See Instruct			Zip Code		
	lab title /Coo Instruct			(0 1-	ALEXANDER OF THE PARTY OF THE P	ide of Texas. Complete Schedu
	Job lide (See Instruct	ions)	En	nployer (See In:	structions)	
Date Fu	ll name of pledgor	out-of-state PAC	(ID#:		Amount of Pledge \$	In-kind contribution description
Pk	edgor address;	City;	State; Z	Zip Code		
					Check if travel outs	ide of Texas. Complete Sched
Principal occupation	Job title (See Instruc	tions)	Er	nployer (See In	structions)	
Date Fu	II name of pledgor	out-of-state PAC	(ID#:		Amount of Pledge \$	I In-kind contribution description
PI	edgor address;	City;	State; Zip	Code		
88 4	2					side of Texas. Complete Sched
Principal occupation /	Job title (See Instruc	tions)	Er	mployer (See In	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to comp	olete this f	form.	1 Total pages Schedule E:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS			\$
5 Date of loan	7 Name of lender  ut-of-state	PAC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;		State; Zip Code	10 Interest rate  11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Emp	loyer (See Instructions)	
14 Description of Coll	ateral	15	Check if personal fun account (See Instruc	nds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;		State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Emp	oloyer (See Instructions)	THE RESIDENCE
Date of loan	Name of lender	e PAC (ID#:	,	Loan Amount (\$)
ls lender a financial	Lender address; City;		State; Zip Code	Interest rate
Institution?				Maturity date
Principal occupation	on / Job title (See Instructions)	Emp	ployer (See Instructions)	
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;		State; Zip Code	
	ion (See Instructions)	Emp	oloyer (See Instructions)	
	ATTACH ADDITIONAL CO	DIESOFT	UIC COLEDI II E AC ME	EDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how	to complete this form.
Total pages Schedule F1	2 FILER NAME Ronald (Ron) Dischler	3 Filer ID (Ethics Commission Filers)
Date 03/21/2023	5 Payee name Orange County Convention & Expe	
175.00	7 Payee address; 11475-B Orange, TX 77630	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Event Expense	(b) Description Campaign Announcement
	(c) Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name  OH	Office sought Office held
Date 03/23/2023	Payee name  Debit Card	
Amount (\$) 350.73	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Solicitation/Fundraising expense	Web Page
	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 03/23/2023	Payee name  Kirksey's Sprint Printing	
Amount (\$) 568.80	Payee address; 3865 W. Lucas Beaumont, TX 77706	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Printing Expense	Business, Push Card & Banner
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought Office held  County Sheriff
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED