

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Aug 7 11 23 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
California Dental Political Action Committee/
Federal

ADDRESS (number and street) Check if different than previously reported
1201 K Street, 15th Floor

CITY, STATE and ZIP CODE
Sacramento, CA 95814-3593

2. FEC IDENTIFICATION NUMBER
C00005751

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
 [Type of Election]
 election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---------|--|-------------------------|---|
| 6. | Covering Period <u>1/1/97</u> through <u>6/30/97</u> | | |
| 6. | (a) Cash on Hand January 1, 19 <u>97</u> | | \$ 846.06 |
| | (b) Cash on Hand at Beginning of Reporting Period | \$ 846.06 | |
| | (c) Total Receipts (from Line 19) | \$ 83,039.70 | \$ 83,039.70 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 83,885.76 | \$ 83,885.76 |
| 7. | Total Disbursements (from Line 30) | \$ 55,030.00 | \$ 55,030.00 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 28,855.76 | \$ 28,855.76 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ -0- | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420 |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ -0- | |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kenneth L. Zakariasen, D.D.S.

Signature of Treasurer

Kenneth L. Zakariasen

Date

7/31/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

| | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|-------|
| California Dental Political Action Committee/Federal | FROM 1/1/97 | TO: 6/30/97 | |
| Receipts | COLUMN A Total This Period | COLUMN B Calendar Year | |
| Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 1,771.44 | 1,771.44 | 11(b) |
| ii. Unitemized | 81,159.82 | 81,159.82 | 11(c) |
| iii. Total (add i and ii) > | 82,931.26 | 82,931.26 | 11(d) |
| b. Political Party Committees | -0- | -0- | 11(e) |
| c. Other Political Committees (such as PACs) | -0- | -0- | 11(f) |
| d. Total Contributions (add ii, b and c) > | 82,931.26 | 82,931.26 | 11(g) |
| 12. Transfers From Affiliated/Other Party Committees | -0- | -0- | 12 |
| 13. All Loans Received | -0- | -0- | 13 |
| 14. Loan Repayments Received | -0- | -0- | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | -0- | -0- | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | -0- | -0- | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 108.44 | 108.44 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | -0- | -0- | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 83,039.70 | 83,039.70 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | 83,039.70 | 83,039.70 | 20 |
| Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | -0- | -0- | 21(b) |
| ii. Non-Federal Share | -0- | -0- | 21(c) |
| b. Other Federal Operating Expenditures | 30.00 | 30.00 | 21(d) |
| c. Total Operating Expenditures (add a i, a ii, and b) > | 30.00 | 30.00 | 21(e) |
| 22. Transfers to Affiliated/Other Party Committees | 50,000.00 | 50,000.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 5,000.00 | 5,000.00 | 23 |
| 24. Independent Expenditures (use Schedule E) | -0- | -0- | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | -0- | -0- | 25 |
| 26. Loan Repayments Made | -0- | -0- | 26 |
| 27. Loans Made | -0- | -0- | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | -0- | -0- | 28(a) |
| b. Political Party Committees | -0- | -0- | 28(b) |
| c. Other Political Committees (such as PACs) | -0- | -0- | 28(c) |
| d. Total Contribution Refunds (add a, b and c) > | -0- | -0- | 28(d) |
| 29. Other Disbursements | -0- | -0- | 29 |
| 30. Total Disbursements (add 21e, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 55,030.00 | 55,030.00 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | 55,030.00 | 55,030.00 | 31 |
| Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) from line 11(d) | -0- | -0- | 32 |
| 33. Total Contribution Refunds (from line 28d) | -0- | -0- | 33 |
| 34. Net Contributions (other than loans) (subtract line 33 from line 32) | -0- | -0- | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | -0- | -0- | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- | 36 |
| 37. Net Operating Expenditures (subtract line 36 from line 35) > | -0- | -0- | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 7
FOR LINE NUMBER 11(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

| | | | |
|---|---|---|---|
| <p>A. Full Name, Mailing Address and ZIP Code WILLIAM BATE STE 207 11777 BERNARDO PLAZA CT SAN DIEGO, CA 92128</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer SELF</p> <p>Occupation DENTIST</p> <p>Aggregate Year-to-Date \$ \$253.57</p> | <p>Date (month, day, year) 5/25/97</p> | <p>Amount of Each Receipt this Period \$125.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code MICHAEL GADE 15 SIERRA GATE PLZ ROSEVILLE, CA 95678</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer SELF</p> <p>Occupation DENTIST</p> <p>Aggregate Year-to-Date \$ \$225.00</p> | <p>Date (month, day, year) 3/10/97</p> | <p>Amount of Each Receipt this Period \$225.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code ROBERT GADE 15 SIERRA GATE PLZ ROSEVILLE, CA 95678</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer SELF</p> <p>Occupation DENTIST</p> <p>Aggregate Year-to-Date \$ \$225.00</p> | <p>Date (month, day, year) 3/10/97</p> | <p>Amount of Each Receipt this Period \$225.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code JAMES GORRELL 809 CUESTA DR # 205 MOUNTAIN VIEW, CA 94040</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer SELF</p> <p>Occupation DENTIST</p> <p>Aggregate Year-to-Date \$ \$225.00</p> | <p>Date (month, day, year) 2/25/97</p> | <p>Amount of Each Receipt this Period \$225.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code JEFFREY GRESSARD 1496 BROADWAY MILLBRAE, CA 94030</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer SELF</p> <p>Occupation WINEBUSINESS</p> <p>Aggregate Year-to-Date \$ \$225.00</p> | <p>Date (month, day, year) 6/25/97</p> | <p>Amount of Each Receipt this Period \$160.72</p> |
| <p>F. Full Name, Mailing Address and ZIP Code EMMANUEL OKONKWO 1704 W MANCHESTER AVE STE 208 LOS ANGELES, CA 90047</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer SELF</p> <p>Occupation DENTIST</p> <p>Aggregate Year-to-Date \$ \$225.00</p> | <p>Date (month, day, year) 6/25/97</p> | <p>Amount of Each Receipt this Period \$160.72</p> |
| <p>G. Full Name, Mailing Address and ZIP Code DANNY POORE 276 W 9TH ST UPLAND, CA 91786</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer SELF</p> <p>Occupation DENTIST</p> <p>Aggregate Year-to-Date \$ \$225.00</p> | <p>Date (month, day, year) 3/10/97</p> | <p>Amount of Each Receipt this Period \$225.00</p> |

SUBTOTAL of Receipts This Page (optional)

\$1,346.44

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CALIFORNIA DENTAL POLITICAL ACTION COMMITTEE / FEDERAL

| | | | |
|---|---|------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code NARENDRA VYAS 9647 SIERRA AVE FONTANA, CA 92335 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SELF Occupation DENTIST Aggregate Year-to-Date \$ 200.00 | Date (month, day, year) 6/30/97 | Amount of Each Receipt This Period \$200.00 |
| B. Full Name, Mailing Address and ZIP Code RUSSELL WEBB 930 W FOOTHILL BLVD # C UPLAND, CA 91786 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SELF Occupation DENTIST Aggregate Year-to-Date \$ 353.57 | Date (month, day, year) 5/25/97 | Amount of Each Receipt This Period \$225.00 |
| C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date \$ | Date (month, day, year) | Amount of Each Receipt This Period |
| D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date \$ | Date (month, day, year) | Amount of Each Receipt This Period |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date \$ | Date (month, day, year) | Amount of Each Receipt This Period |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date \$ | Date (month, day, year) | Amount of Each Receipt This Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date \$ | Date (month, day, year) | Amount of Each Receipt This Period |

| | |
|--|------------|
| SUBTOTAL of Receipts This Page (optional) | \$425.00 |
| TOTAL This Period (last page this line number only) | \$1,771.44 |

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NAME OF COMMITTEE (in Full)

California Dental Political Action Committee/Federal

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code River City Bank 325 K Street Mall Sacramento, CA 95814 | Name of Employer Interest earned on account | Date (month, day, year) 3/31/97 4/30/97 5/31/97 6/30/97 | Amount of Each Receipt This Period 7.82 32.86 51.10 16.66 |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Aggregate Year-to-Date > \$ | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Aggregate Year-to-Date > \$ | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Aggregate Year-to-Date > \$ | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Aggregate Year-to-Date > \$ | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Aggregate Year-to-Date > \$ | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Aggregate Year-to-Date > \$ | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Aggregate Year-to-Date > \$ | |

SUBTOTAL of Receipts This Page (optional) 108.44

TOTAL This Period (last page this line number only) 108.44

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 7
FOR LINE NUMBER 22.

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NAME OF COMMITTEE (in Full)
California Dental Political Action Committee/Federal

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| American Dental Political Action Committee 1111 14th Street, NW, Suite 100 Washington, DC 20005 | Transfer to affiliated committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/20/97 | 50,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

50,000.00

TOTAL This Period (last page this line number only)

50,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 7 OF 7
FOR LINE NUMBER 23.

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NAME OF COMMITTEE (In Full)
California Dental Political Action Committee/Federal

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement contribution | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|----------------------------|--|
| Mike Thompson for Congress 5435 Madison Avenue Sacramento, CA 95841 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/20/97 | 5,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | 5,000.00 |
| TOTAL This Period (last page this line number only) | 5,000.00 |

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7/31/97

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

UPV

PREPARER

8/7/97

DATE PREPARED