

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

GONZALO CAMACHO

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

N/A

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

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5900.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,895.52

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

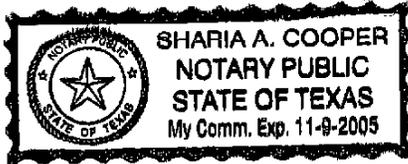
\$ 1,004.68

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gonzalo Camacho, this the 14 day of October, 2003, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sharia A Cooper
Printed name of officer administering oath

Financial Solution Rep
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 this Schedule A: 5 1/5

2 FILER NAME
GONZALO CAMACHO

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/27/03
5 Full name of contributor out-of-state PAC (ID#:
GONZALO CAMACHO
6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$) \$500.00
8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)
CONSULTING ENGINEER

10 Employer (See Instructions)
CAMACHO AND ASSOCIATES

Date 9/13/03
Full name of contributor out-of-state PAC (ID#:
PATRICIA GANDY
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$) 50.00
In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date 9/18/03
Full name of contributor out-of-state PAC (ID#:
CHRISTOPHER SHIELD & DANIELLE FOLGET SHIELD
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$) 250.00
In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date 9/18/03
Full name of contributor out-of-state PAC (ID#:
GONZALO CAMACHO
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$) 1500.00
In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)
CONSULTING ENGINEER

Employer (See Instructions)
CAMACHO AND ASSOCIATES

Date 9/16/03
Full name of contributor out-of-state PAC (ID#:
ARTHUR FRIDMAN INVESTMENTS
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$) 150.00
In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 2/5	
2 FILER NAME GONZALO CAMACHO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/21/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ISAAC F. JOSKOWICZ	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL AND JUDITH BRAUSSARD	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL HAVLAK AND LISA GRAY	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GONZALO CAMACHO	Amount of contribution (\$) 1000 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions) CONSULTING ENGINEER		Employer (See Instructions) CAMACHO AND ASSOCIATES	
Date 10/9/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HAMID R. SHOTOLANI	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <u>5/5</u>	
2 FILER NAME <u>GENERAL CARRASCO</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/09/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>EBELMIRO CASTILLO</u>	7 Amount of contribution (\$) <u>200⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/09/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MOHAMMAD IRFAN</u>	Amount of contribution (\$) <u>150⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/09/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>CHARLES CHISUEZE A NIGIBIKE</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/13/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>I. SAMSON UKABGISH</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/09/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MARK T. INGRAM</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: **4/5**

2 FILER NAME

GONZALO CAUACHO

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/09/03

5 Full name of contributor out-of-state PAC (ID#: _____)
ROBERT H. SIEGFRIDA

7 Amount of contribution (\$)
100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date
10/01/03

Full name of contributor out-of-state PAC (ID#: _____)
ALLISON M. PLANTZ

Amount of contribution (\$)
100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/08/03

Full name of contributor out-of-state PAC (ID#: _____)
VINCENT OSLEGON

Amount of contribution (\$)
250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/08/03

Full name of contributor out-of-state PAC (ID#: _____)
FEDERICO J. MENDOZA

Amount of contribution (\$)
250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
10/09/03

Full name of contributor out-of-state PAC (ID#: _____)
NICK ALANIS

Amount of contribution (\$)
500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)
GFA INVESTMENTS

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

5/5

2 FILER NAME

GONZALO CAMACHO

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/09/03

5 Full name of contributor

CHARALAMPOS SIMONIDIS

out-of-state PAC (ID#: _____)

6 Contributor address: City, State, Zip Code

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this Schedule B: 1

2 FILER NAME

GONZALO CALIACHO

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

N/A

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation \ Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

GION BALO CARRACHO

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

N/A

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

16 Amount Guaranteed (\$)

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 1/2

2 FILER NAME

GONZALO CANAHERO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

9/10/03

CITY OF HOUSTON FILING FEES

6 Payee address; City; State; Zip Code

CITY OF HOUSTON, PLAZA FOR ADMINISTRATION

500.00

8 Purpose of payment (See instructions regarding type of information required.)

BALLET FILING FEES.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

GONZALO CANAHERO CITY COUNCIL

Date

Payee name

Amount (\$)

9/18/03

SACRED HEART SOCIETY OF LITTLE YORK

Payee address; City; State; Zip Code

816 EAST WHITNEY DRIVE
HOUSTON, TX 77022

703.03

Purpose of payment (See instructions regarding type of information required.)

SPONSORED LUNCH EVENT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

GONZALO CANAHERO CITY COUNCIL

Date

Payee name

Amount (\$)

9/23/03

FAST SIGNS

Payee address; City; State; Zip Code

1314 TEXAS AVENUE, STE 101
HOUSTON, TX 77002

1,477.00

Purpose of payment (See instructions regarding type of information required.)

500
FLYERS AND YARD SIGNS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

GONZALO CANAHERO CITY COUNCIL

Date

Payee name

Amount (\$)

10/01/03

FAST SIGNS

Payee address; City; State; Zip Code

1314 TEXAS AVENUE, STE 101
HOUSTON, TX 77002

145.00

Purpose of payment (See instructions regarding type of information required.)

300 STICKERS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

GONZALO CANAHERO CITY COUNCIL

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/2

2 FILER NAME

GONZALO CARRERA

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/02/03

5 Payee name

SBC

6 Payee address; City; State; Zip Code

SOUTH WESTERN BELL TELEPHONE

7 Amount (\$)

94.79

8 Purpose of payment (See instructions regarding type of information required.)

PHONE

9 **Complete if direct expenditure to benefit C/OH**

Candidate / Officeholder name Office sought Office held

GONZALO CARRERA CITY COUNCIL

Date

10/02/03

Payee name

J'S TEES

Payee address; City; State; Zip Code

4300 N. MAIN ST.
HOUSTON, TX 77009

Amount (\$)

378.87

Purpose of payment (See instructions regarding type of information required.)

T-SHIRTS

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

GONZALO CARRERA CITY COUNCIL

Date

10/14/03

Payee name

QUALITY PRINTING COMPANY

Payee address; City; State; Zip Code

3308 ELLA BLVD, STE. L
HOUSTON, TX 77018

Amount (\$)

995.90

Purpose of payment (See instructions regarding type of information required.)

5000 Flyers

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

GONZALO CARRERA CITY COUNCIL

Date

10/14/03

Payee name

GENESYS ITS, INC.

Payee address; City; State; Zip Code

4711 CAMDEN OAKS BLVD.
HOUSTON, TX 77018

Amount (\$)

600.00

Purpose of payment (See instructions regarding type of information required.)

WEBSITE

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

GONZALO CARRERA CITY COUNCIL

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

GONZALEZ CHAVEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>N/A</i>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

GONZALO CALLEJO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

N/A

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

GOVIND CAMARRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name N/A	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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