

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 filers)

2 Total pages filed:

2003 APR 16

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MR. FIRST: RICHARD MI: LAST: MELENDEZ SUFFIX:

OFFICE USE ONLY

Date Received

CITY CLERK DEPARTMENT
APR 25 PM 2:16

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 3030 ALTOYA APT / SUITE #: EL PASO, TEXAS CITY: 79930 STATE: ZIP CODE

Date Hand-delivered or Date Postmarked

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Ms. FIRST: SANDRA MI: LAST: LAQUITO SUFFIX:

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 11108 SEA FOAM WAY APT / SUITE #: EL PASO, TX CITY: 79936 STATE: ZIP CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE: (915) PHONE NUMBER: 598-2506 EXTENSION:

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 03 / 25 / 2003 THROUGH Month Day Year: 04 / 23 / 2003

10 ELECTION

ELECTION DATE: Month Day Year: 05 / 03 / 2003 ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any): EL PASO COUNTY DEMOCRATIC CHAIR

12 OFFICE SOUGHT (if known): CITY REPRESENTATIVE DISTRICT # 2

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

RICHARD MELENDEZ

15 ACCOUNT # (Ethics Commission files)

16 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

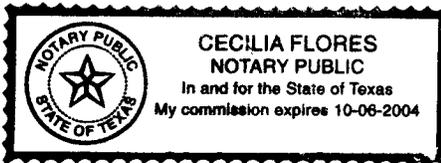
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,350. ⁰⁰
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 1,685. ⁹³
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Richard Melendez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Richard Melendez, this the 25th day of April, 2003, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Cecilia Flores
Printed name of officer administering oath

Notary
Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

1

2 FILER NAME

RICHARDA MELENDEZ

3 ACCOUNT # (Ethics Commission filers)

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

\$ 0

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
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10 Principal occupation (optional)	11 Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional)	Employer (optional)
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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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **1**

2 FILER NAME

RICHARD MELENDEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-25-03

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

ORLANDO FONSECA Sr.

6 Contributor address; City; State; Zip Code

*130 KAYDOLAS
EL PASO, TEXAS 79905*

7 Amount of contribution (\$)

✓ 1,000.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-27-03

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

ANITA BLAIR

Contributor address; City; State; Zip Code

*4401 BRITTON AVE
EL PASO, TX 79904*

Amount of contribution (\$)

✓ 1,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-1-03

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

JUSTY & BONNIE HENSON

Contributor address; City; State; Zip Code

*401 N OREGON
EL PASO, TX 79905*

Amount of contribution (\$)

✓ 250.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-4-03

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

RICHARDA ROMERO

Contributor address; City; State; Zip Code

*3330 MONTANA
EL PASO, TX 79903*

Amount of contribution (\$)

✓ 100.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor 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:
1 of 5

2 FILER NAME
RICHARD MELENDEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date 4-6-03	5 Payee name MARILYN LOBBIN	7 Amount (\$) 75.00
6 Payee address; City; State; Zip Code 3030 ALTOYA EL PASO, TEXAS 79930		

8 Purpose of payment (See instructions regarding type of information required.) CONTRACT LABOR	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 4-6-03	Payee name BETH LOBBIN	Amount (\$) 75.00
Payee address; City; State; Zip Code 3030 ALTOYA EL PASO, TEXAS 79930		

Purpose of payment (See instructions regarding type of information required.) CONTRACT LABOR	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4-15-03	Payee name RELIANT PRINTING	Amount (\$) 467.00
Payee address; City; State; Zip Code 1714-A E YANBELL EL PASO, TX 79902		

Purpose of payment (See instructions regarding type of information required.) POSTERS	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 4-8-03	Payee name MOUNTAIN PRODUCTS LP	Amount (\$) 108.00
Payee address; City; State; Zip Code 12922 HEMPSTEAD RD HOUSTON, TX 77040		

Purpose of payment (See instructions regarding type of information required.) POSTAGE / STICKERS	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2 of 5**

2 FILER NAME **RICHARD MELENDEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date 4-12-03	5 Payee name OFFICE DEPOT 6 Payee address; City; State; Zip Code 1111 GERONIMO DRIVE EL PASO, TX 79925	7 Amount (\$) 31.40
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8 Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4-8-03	Payee name OFFICE DEPOT Payee address; City; State; Zip Code 1111 GERONIMO DRIVE EL PASO, TX 79925	Amount (\$) 8.65
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Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4-6-03	Payee name OFFICE DEPOT Payee address; City; State; Zip Code 1111 GERONIMO DRIVE EL PASO, TX 79925	Amount (\$) 9.61
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Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4-19-03	Payee name OFFICE DEPOT Payee address; City; State; Zip Code 1111 GERONIMO DRIVE EL PASO, TX 79925	Amount (\$) 6.47
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Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 5

2 FILER NAME

RICHARDA MELENDEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-4-03

5 Payee name

EL PASO COUNTY ELECTIONS OFFICE

7

Amount (\$)

51.00

6 Payee address: City: State: Zip Code

500 E. SAN ANTONIO
EL PASO, TX 79901

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

VOTE PARTICIPATION LISTS

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

Date

4-2-03

Payee name

EL PASO COUNTY ELECTIONS OFFICE

Amount (\$)

100.00

Payee address: City: State: Zip Code

500 E. SAN ANTONIO
EL PASO, TX 79901

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

VOTE PARTICIPATION LISTS

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

Date

4-4-03

Payee name

SOUTHWEST PRESS / MAGNIN SHADY

Amount (\$)

250.00

Payee address: City: State: Zip Code

1024 E. WADSWELL
EL PASO, TX 79902

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

CAMPAIGN LAZARUS

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

Date

4-22-03

Payee name

EL PASO TIMES

Amount (\$)

199.80

Payee address: City: State: Zip Code

300 N CAMPBELL ST
EL PASO, TX 79901

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

ADVERTISEMENT

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
4 of 5

2 FILER NAME
RICK MELENDEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date 4-23-03	5 Payee name EL PASO TIMES	7 Amount (\$) 105.00
6 Payee address; City; State; Zip Code 300 N CAMPBELL ST EL PASO, TX 79901		

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

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

Date 4-18-03	Payee name PHILLIPS UU	Amount (\$) 20.00
Payee address; City; State; Zip Code 6148 GATEWAY EAST EL PASO, TX 79905		

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

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

Date 4-23-03	Payee name PHILLIPS UU	Amount (\$) 20.00
Payee address; City; State; Zip Code 6148 GATEWAY EAST EL PASO, TX 79905		

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

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

Date 4-15-03	Payee name WALMART	Amount (\$) 69.00
Payee address; City; State; Zip Code 7101 GATEWAY WEST EL PASO, TX 79925		

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 5

2 FILER NAME RICHARD MENDOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3-30-03</u>	5 Payee name <u>7-11 STORE</u>	7 Amount (\$) <u>20.00</u>
6 Payee address; City; State; Zip Code <u>2000 N PIENAS EL PASO, TX 79930</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>GASOLINE</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <u>4-6-03</u>	Payee name <u>7-ELEVEN STORE</u>	Amount (\$) <u>25.00</u>
Payee address; City; State; Zip Code <u>2000 N PIENAS EL PASO, TX 79930</u>		

Purpose of payment (See instructions regarding type of information required.) <u>GASOLINE</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <u>4-13-03</u>	Payee name <u>7-ELEVEN STORE</u>	Amount (\$) <u>25.00</u>
Payee address; City; State; Zip Code <u>2000 N PIENAS EL PASO, TX 79930</u>		

Purpose of payment (See instructions regarding type of information required.) <u>GASOLINE</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <u>4-20-03</u>	Payee name <u>7-ELEVEN STORE</u>	Amount (\$) <u>20.00</u>
Payee address; City; State; Zip Code <u>2000 N PIENAS EL PASO, TX 79930</u>		

Purpose of payment (See instructions regarding type of information required.) <u>GASOLINE</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

RICHARD MELENDEZ

3 ACCOUNT # (Ethics Commission filers)

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

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

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

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

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	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: 1

2 FILER NAME RICHARD MELENDEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	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
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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
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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
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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: 1

2 FILER NAME RICHARD MORALES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	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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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME RIKALDO MENDOZA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME RICHARD MELENDEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

