

# 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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST William	MI L
	NICKNAME Bill	LAST Worsham	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; P.O. Box	APT / SUITE #; 50308	CITY; STATE; ZIP CODE Austin TX 78763
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 537-4928
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Greg	MI
	NICKNAME	LAST McNelis	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 4307 Bellvue Ave.	APT / SUITE #;	CITY; STATE; ZIP CODE Austin TX 78756
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 537-4928	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 type="checkbox"/> July 15 <input checked="" 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 9 / 26 / 2014	THROUGH	Month Day Year 10 / 18 / 2014
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014	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)	13 OFFICE SOUGHT (if known) Austin City Council D 10	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME** Bill Worsham **15 ACCOUNT # (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.

<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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 165.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,355.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 443.80
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,184.29
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,958.50
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

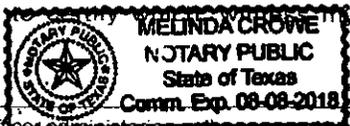
**18 AFFIDAVIT**

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.

Bill Worsham  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Worsham, this the 27 day of October, 20 14 hand and seal of office.

Melinda Crowe 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:

1/4

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/6/2014

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

Dorothy A. Koepsel

6 Contributor address; City; State; Zip Code

P.O. Box 26806 Austin TX 78755

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/7/2014

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

Texans For Accountable Government

Contributor address; City; State; Zip Code

1306 Baronets Tr., Austin TX 78753

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2014

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

Ivan Giraldo & Mary Giraldo

Contributor address; City; State; Zip Code

70 Twin Ridge Pkwy, Round Rock TX  
78664

Amount of contribution (\$)

700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2014

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

William D Jones

Contributor address; City; State; Zip Code

1804 Cedar Ridge Dr., Austin TX 78741

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2014

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

Carly Rose Jackson

Contributor address; City; State; Zip Code

4624 Button Bend Rd, Austin TX 78744

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2/4

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/19/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Jessie Metcalf

6 Contributor address; City; State; Zip Code

3 Scott Crescent, Austin, TX 78703

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/23/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Daniel J. Brown

Contributor address; City; State; Zip Code

11916 Cherisse Dr., Austin, TX 78739

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

James Jones

Contributor address; City; State; Zip Code

3700 Thompson St., Austin, TX 78702

Amount of contribution (\$)

155.00

In-kind contribution description (if applicable)

event venue

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Damien Matherne

Contributor address; City; State; Zip Code

11727 Sterling Panorama, Austin TX 78738

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amy L. Edwards

Contributor address; City; State; Zip Code

2405 Westover, Austin TX 78703

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3/4

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/7/2014

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

Andrew Tewell

6 Contributor address; City; State; Zip Code

4102 Benedict Ln, Austin, TX 78746

7 Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/8/2014

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

Debra Gore

Contributor address; City; State; Zip Code

4825 Eagle Feather Dr., Austin TX 78735

Amount of contribution (\$)

350.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2014

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

Jordan D Berry

Contributor address; City; State; Zip Code

7509 Spivey Dr. Austin, TX 78749

Amount of contribution (\$)

150.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/2014

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

Elena Goyanes & spouse

Contributor address; City; State; Zip Code

3215 Tarryhollow Dr. Austin, TX 78703

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/2014

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

Luke Macias

Contributor address; City; State; Zip Code

31540 Smithson Valley Rd, Bulverde, TX 78163

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4/4

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/15/2014

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

Kris Heckmann

6 Contributor address; City; State; Zip Code

4305 Endcliffe, Austin, TX 78731

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/20/2014

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

Don Brinkman

Contributor address; City; State; Zip Code

2501 Tydings Cove, Austin, TX 78730

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2014

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

Stephen Bontempo

Contributor address; City; State; Zip Code

2200 Dickson Dr. #201 Austin, TX 78704

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

(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.

# 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.

<b>1</b> Total pages Schedule F: 1/2	<b>2</b> FILER NAME Bill Worsham	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 10-4-2014	<b>5</b> Payee name UpRoot Strategies
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<b>6</b> Amount (\$) 2700.00	<b>7</b> Payee address; City; State; Zip Code 41 Waller St 110 Austin TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign consultant svcs
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-10-2014	Payee name Amanda Anderson
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Amount (\$) 200.00	Payee address; City; State; Zip Code 1712 E Riverside Dr. 334 Austin TX 78741
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Expense	Description (If travel outside of Texas, complete Schedule T) Phone/food/bev exp. reimb.
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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 10-13-2014	Payee name Zeagan Peterson
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Amount (\$) 100.00	Payee address; City; State; Zip Code 115 Remington Dr., Kyle, TX 78640
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Photography
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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 10-14-2014	Payee name Wish List Direct
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Amount (\$) 537.13	Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Printing/ mailing svcs.
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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.

<b>1</b> Total pages Schedule F: 2/2	<b>2</b> FILER NAME Bill Worsham	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10-21-2014	<b>5</b> Payee name Reagan Peterson	
<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address, City, State, Zip Code 115 Remington Dr. Kyle, TX 78640	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Other	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Photography
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10-21-2014	Payee name Local Voice Solutions LLC	
Amount (\$) 1350.00	Payee address, City, State, Zip Code 3700 Thompson St., Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation expense	Description (If travel outside of Texas, complete Schedule T) Data/consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10-21-2014	Payee name Uproot Strategies	
Amount (\$) 103.39	Payee address, City, State, Zip Code 41 Waller St. #110, Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Expense	Description (If travel outside of Texas, complete Schedule T) Phone/food/bev exp. reimb.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10-25-2014	Payee name Anedot.com	
Amount (\$) 106.48	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising expense	Description (If travel outside of Texas, complete Schedule T) bank fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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.

<b>1</b> Total pages Schedule G: <i>1/1</i>	<b>2</b> FILER NAME <i>Bill Worsham</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>9-30-2014</i>	<b>5</b> Payee name <i>Amanda Anderson</i>
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<b>6</b> Amount (\$) <i>1200.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>1712 E Riverside #334, Austin TX 78741</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>campaign coordination</i>
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Date <i>9-30-2014</i>	Payee name <i>Amanda Anderson</i>
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Amount (\$) <i>110.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>u</i> <i>u</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone expense reimb.</i>
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Date <i>10-14-2014</i>	Payee name <i>Spider House Cafe</i>
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Amount (\$) <i>133.49</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2908 Fruth Austin TX 78705</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bev</i>	Description (If travel outside of Texas, complete Schedule T) <i>Volunteer food/bev</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED