

Walden & Associates

FACSIMILE COVER SHEET

DATE: 11-3

PAGES: 7

(includes this cover page)

TO: Federal Election Commission

COMPANY: _____

PHONE: _____

FAX: 202-219-0174

FROM: Ella Schubert / Sue Walden
PHONE: 713/861-1117
FAX: 713/861-4602

COMMENT:

55 Waugh, Suite 515, Houston, Texas 77007
Phone 713/861-1117 Fax 713/861-4602

26039264168

Americans For Honesty On Issues

107 S West St, #569

Alexandria, VA 22314

Committee ID#: C30000616

Federal Election Commission

999 E St NW

Washington, D.C. 20463

Fax No.: (202) 219-0174

November 3, 2006

Re: Form 9, Electioneering Communication Distributed on 10/30/06

Dear Sir or Madam,

Attached please find an Amended Form 9 for Electioneering Communications that were first distributed on 10/30/06. The initial filing included the vendors' best estimate of the cost of the media buy and production at the time of filing. The amendment reflects actual costs for each vendor.

If you have any questions, please contact me at (713) 861-1117.

Sincerely,



Sue Walden

President

Americans For Honesty On Issues

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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
Americans For Honesty On Issues

(b) Address (number and street) check if different than previously reported
107 S. West St, #569

(c) City, State and ZIP Code
Alexandria, VA 22314

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation
N/A

2. FEC Identification Number

C 30000616

3. Is This Statement

New
or
 Amended

4. Covering Period

10 / 27 / 2006
through
10 / 30 / 2006

5. (a) Date of Public Distribution(s) 10 / 30 / 2006

(b) Communication Title "Why Jon Tester"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107

Yes No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name
Sue Walden

(b) Address (number and street)
107 S. West St, #569

(c) City, State and ZIP Code
Alexandria, VA 22314

(d) Name of Employer or Principal Place of Business
Walden & Associates (Houston, TX)

(e) Occupation
Political Consultant

9. Total Donations This Statement

\$1,000,000.00

10. Total Disbursements/Obligations This Statement

\$374,309.66

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Sue Walden

SIGNATURE Sue Walden

DATE 11/03/06

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

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List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name Sue Walden	
(b) Address (number and street) 107 S. West St, #569	
(c) City, State and ZIP Code Alexandria, VA 22314	
(d) Name of Employer or Principal Place of Business Walden & Associates (Houston, TX)	(e) Occupation Political Consultant
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee The Strategy Group For Media				Date of Disbursement or Obligation 10 / 27 / 2006	
Mailing Address of Payee 3944 N Hampton Dr				Amount \$30,175.00	
City Powell, OH	State OH	Zip Code 43065		Communication Date 10 / 30 / 2006	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (Including title(s) of communication(s)) Ad Production - "Why Jon Tester"					
Name of Federal Candidate Jon Tester	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MT	District: 00	Disbursement/Obligation For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee Pathfinder Marketing				Date of Disbursement or Obligation 10 / 27 / 2006	
Mailing Address of Payee 6164 Blackburn Ct				Amount \$300,000.00	
City League City, TX	State TX	Zip Code 77573		Communication Date 10 / 30 / 2006	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (Including title(s) of communication(s)) Broadcast/Cable Television Media Buy - "Why Jon Tester"					
Name of Federal Candidate Jon Tester	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MT	District: 00	Disbursement/Obligation For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				\$330,175.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Pathfinder Marketing				Date of Disbursement or Obligation 10 / 30 / 2006	
Mailing Address of Payee 6164 Blackburn Ct				Amount \$44,134.66	
City League City, TX	State TX	Zip Code 77573		Communication Date 10 / 30 / 2006	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) Broadcast/Cable Television Media Buy - "Why Jon Tester"					
Name of Federal Candidate Jon Tester	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: 00	Disbursement/Obligation For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation	
Mailing Address of Payee				Amount	
City	State	Zip Code		Communication Date	
Name of Employer		Occupation			
Purpose of Disbursement (including title(s) of communication(s))					
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional)				\$44,134.66	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				\$374,309.66	

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

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

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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N/A
 PREPARER

N/A
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