

Walden & Associates

FACSIMILE COVER SHEET

DATE: 11-8-06

PAGES: 1

(includes this cover page)

TO: FEC

COMPANY: _____

PHONE: _____

FAX: 202-219-0174

FROM: 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

26039271295

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 8, 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. During a review of the committee's disbursements yesterday, it was noted that an additional media purchase was inadvertently omitted from the initial filings of the Form 9. Upon discovering this oversight, the committee has immediately amended the Form 9 to include this information.

The committee takes great care to ensure that the reports are accurate and comply with all federal regulations. If you have any questions, please contact me at (713) 861-1117.

Sincerely,



Sue Walden
President
Americans For Honesty On Issues

26039271266

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) <input type="checkbox"/> check if different than previously reported 107 S. West St, #569	2. FEC Identification Number C 30000616
(c) City, State and ZIP Code Alexandria, VA 22314	
(d) Name of Employer or Principal Place of Business N/A	(e) Occupation N/A
3. Is This Statement <input type="checkbox"/> New or <input checked="" type="checkbox"/> Amended	4. Covering Period 10 / 25 / 2006 through 10 / 30 / 2006
5. (a) Date of Public Distribution(s) 10 / 30 / 2006	(b) Communication Title Multiple-See Sched. B
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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	\$624,498.85

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 11/08/06

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

26039271267

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

26039271268

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
Name of Employer N/A	Occupation N/A	
Communication Date 10 / 30 / 2006		

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
Name of Employer N/A	Occupation N/A	
Communication Date 10 / 30 / 2006		

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)	

26039271270

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	
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 Pathfinder Marketing		Date of Disbursement or Obligation 10 / 25 / 2006	
Mailing Address of Payee 6164 Blackburn Ct		Amount \$153,224.11	
City League City, TX	State TX	Zip Code 77573	
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (Including title(s) of communication(s)) Cable/Broadcast Television Media Buy - "Six Years and Zip"			
Name of Federal Candidate Kenneth Ray Lucas	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 04	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)		\$197,358.77	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			

26039271271

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 / 25 / 2006	
Mailing Address of Payee 6164 Blackburn Ct		Amount \$96,965.08	
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))
Cable/Broadcast Television Media Buy - "Tagged"

Name of Federal Candidate Baron P. Hill	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 09	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)	\$96,965.08
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)	\$624,498.85

26039271272

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<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
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
 DATE PREPARED

26039271275