**West Virginia Ethics Commission** 

Received

## Lobbyist Activity Report Form SEP 12 2017

2017-02

WV Ethics Commission

West Virginia Eth	ics Commission		
Attn: Lobbyist Re	gistrar		
210 Brooks St., St	e. 300		
Charleston, WV 2	25301		
304-558-0664	No faxed copie		
For office use only:	,		
Postmark	Rec'd		
Days late	Fine		

Late reporting fine - \$10 per business day past the due date (\$250 maximum)  Postmark Rec'd Days late Fine											
1.	Name and co	ontact information	n								
Name	Erik Hin	gst					517 271 1/	100			
Address 208 N. Capitol							Phone 517-371-1400				
						Er	Email erik.hingst@walmart.com				
	3rd Flo	or									
City,	State Zip L	ansing, Michig	an 48933								
2. F	Reporting pe	riod for which thi	s activity repo	rt is being filed							
Check		Period	Due Date					T			
х	2017-2	5/1/17-8/31/17	9/15/201	7							
3. L	3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.										
	Wal-Mart Stores. Inc.										
					4						
2.	2 5										
3.											
					·						
4. Lo	obbying activ	vity summary - If	there was no	etivity or over	- 114 1 11	. " "					
		vity summary - m	there was no a	activity or expe	nditures, indi	cate "none."					
None	)										
5. Ex	penditures										
f no e	xpenditures,	including campai	an contributio	ns. mark here							
f you s	pent money	on any public offi	cial, employee	or member of	his or her imm	nediate family	list the amounts sp				
catego	ries per each	employer you rep	present. Comp	lete and attach	Schedule A to	this report	iist the amounts sp	ient in each of	the following		
Expend	diture Catego	ories	Employer 1	Employer 2	Employer 3		4 Employer 5	Employer 6	Total Funcional al		
Α.	Meals and I	Beverages	\$0.00	\$	\$	\$	\$	Employer 6	Total Expended		
В.	Lodging		\$0.00	\$	\$	\$	\$	\$	\$		
C.	Advertising		\$0.00	\$	\$	\$	\$	\$	\$		
Э.	Travel		\$0.00	\$	\$	\$	\$	\$	\$		
Ε.	Gifts		\$0.00	\$	\$	\$	\$	\$	\$		
	Other Exper		\$0.00	\$	\$	\$	\$	\$	\$		
3.	Group Expe		\$0.00	\$	\$	\$	\$	\$	\$		
١.		ontributions		T IN "TOTAL EX	PENDED" COL	UMN.			\$0.00		
	TOTAL of al	expenditures	\$0.00	\$	\$	\$	\$	\$	1		
ttach a	oonsored or Schedule B	contributed to an for each event.	y group event	or shared exper	ises, list the to	otal expended	in category 5G imm	nediately above	. Complete and		
Lol	hvist cortifi	cation Disease									
. LUI	obyist certifi	cation – Please re	ad and sign be	low.					Same and the same		

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I

may be fined, sentenced to jail or both.