



# LOBBYIST REGISTRATION FORM

If registration to lobby only public servants of state government\* file with:  
Cole Jester, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201-1094  
Phone (501) 682-5070  
Fax (501) 682-3408

For assistance in completing this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

\*Lobbyists who lobby public servants of (i) municipal government, (ii) county government,(iii) a governmental body covering a district which includes all or part of more than one county, or (iv) more than one type of governmental body should review Ark. Code Ann.5 21-8-602 to determine where to make their filings.

### Registration for 2026

Check if this is an amended registration

#### Entity to be Lobbied Check each applicable box

- Members of the General Assembly  Public Servants of State Government
- Public Servants of County Government \_\_\_\_\_
- Public Servants of Municipal Government \_\_\_\_\_
- Public Servants of Other Government Body \_\_\_\_\_

### Type of Registration

- Individual Lobbyist  Firm

Name of individual lobbyist or firm Arkansas Pharmacists Association

Address 417 South Victory ST

City Little Rock State AR Zip 72201 Phone (501) 230-5959

If registered as a firm, list the name of a contact person: Debra Wolfe

If registered as a firm, list the name of each person who is authorized to lobby for the firm:

Print Name Debra Wolfe Signature \_\_\_\_\_ Signature on File \_\_\_\_\_

Print Name John Vinson Signature \_\_\_\_\_ Signature on File \_\_\_\_\_

**Client/Employer**

**List each client or employer for whom you lobby  
All information must be complete**

<b>Name of Client/Employer</b>	<b>Mailing Address</b>	<b>Phone</b>	<b>Type of Business or Entity</b>
Arkansas Pharmacists Association	417 South Victory ST, Little Rock, AR 72201	(501) 372-5250	Healthcare

**I certify that I have examined this lobbyist registration form and the information contained herein is true and correct.**

Debra Wolfe, Signature on File

**Signature of Contact Person for Firm**

01/06/2026

**Date**