P.O. Box 113 Canton, MS 39046-0113

Canton Fax: 601-859-0322 Ridgeland Fax: 601-898-0731 Kay Pace
Tax Collector
Madison County

Canton: 601-859-5226 Flora: 601-879-9537

Ridgeland: 601-856-4472 Toll Free: 800-428-0584

June 17, 2021

Madison County Board of Supervisors P O Box 404 Canton, MS 39046

RE: Continuing Education Update

Dear Board Members:

We have Kay Pace and 10 of our deputy clerks taking the Zoom continuing education at \$30.00 Each which will be a total of \$330.00. We started June 16th and will finish June 23rd.

Payment needs to go to the following address:

Extension Center for Government & Community Development

Attn: Collector Continuing Education

Box 9643

Mississippi State, MS 39762

With Regards,

Myrtle Rayburn

Chief Deputy Collector

Madison County



2021 Mississippi Tax Collector Education & Certification Program Collector Continuing Education

Instructions for Registration:

1.	Use	correct	case	when	filling	out	the	registration	form.
----	-----	---------	------	------	---------	-----	-----	--------------	-------

Correct-John Smith
Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *		Last Name *	
Myrtle		Rayburn	
County *			
Madison County			
Home Address *			
PO BOX 113			
City *		State *	
CANTON		Mississippi 💙	
Zip Code *	Work Phone	Number *	
39046-0113	3601855560	05	
Personal Email Ac	ldress *		✓ Please email me updates
Imyrtle.rayburn@	madison-co.com		ricase email me apaates
Work Mailing Add	ress *		
PO BOX 113			
Response required			

City *	State *	Zip Code *
CANTON	Mississippi 💙	39046-0113
Response required	Response required	Response required
Work Email Address		✓ Please email me updates
myrtle.rayburn@madison-co.com		
Phone Number *		
16018555605		
Response required		
Location Attending *		
○ June 9th (Afternoon) (0 remaining)		
○ June 10th(Morning) (0 remaining)		
O June 16th (Afternoon) (3 remaining)		
O June 17th (Morning) (5 remaining)		
June 23rd (Afternoon) (33 remaining)		
O July 22nd (Afternoon) Make-Up Session (75	remaining)	
Insufficient quantity remaining		
I agree to abide by federal, state, local and attending in-person courses/events. * ☑ I agree	d Mississippi State Unive	ersity COVID-19 guidelines when
Response required		
Which of the following best describes your Extension reporting purposes.) White Female	r gender/race? (This inf	ormation is only being collected for
Regis	tration Fee:	\$30

Credit will not be given until payment is received. Only those who have/will attend a Collector of Revenue Course between October 1, 2020 and September 30, 2021 are exempt from Collector Continuing Education.

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Mississippi State, MS 39762

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Correct-John Smith
Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *	Las	st Name *	
Lisa	Du	ıvall	
County *			
Madison County			
Home Address *			
P O Box 113			
City *		State *	
Canton		Mississippi 💙	
Zip Code *	Work Phone Nun	ıber *	
39046-0113	16018555605		
Personal Email Ac	ldress *		✓ Please email me updates
myrtle.rayburn@r			Please email me upuates
Work Mailing Add	lyono *		
Work Mailing Add PO BOX 113	ress *		
Response required			

City *	State *	Zip Code *
CANTON	Mississippi 💙	39046-0113
Response required	Response required	Response required
Work Email Address		✓ Please email me updates
myrtle.rayburn@madison-co.com		
Phone Number *		
16018555605		
Response required		
Location Attending *		
O June 9th (Afternoon) (0 remaining)		
O June 10th(Morning) (0 remaining)		
O June 16th (Afternoon) (3 remaining)		
O June 17th (Morning) (5 remaining)		
June 23rd (Afternoon) (33 remaining)		
O July 22nd (Afternoon) Make-Up Session (75	remaining)	
Insufficient quantity remaining		
I agree to abide by federal, state, local and attending in-person courses/events. * ☑ I agree	Mississippi State Uni	versity COVID-19 guidelines when
Response required		
Which of the following best describes your Extension reporting purposes.)	gender/race? (This i	nformation is only being collected for
White Female ✓		
Regist	ration Fee	: \$30

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Instructions for Registration:

1.	Use	correct	case	when	filling	out	the	registration	form.
CC	rrect	-John Sn	nith						

Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *		Last Na	me *			
Kathryn		Irving				
County *						
Madison County						
Home Address *						
P O Box 113						
City *			State *			
Canton			Mississippi	~		
Zip Code *	Work Phone	Number	*			
39046-0113	1601855560)5				
Personal Email Ad	dress *				✓ Please email me updates	
myrtle.rayburn@m			100 TO 10		Please email me upuates	
Work Mailing Addı	ress *					
PO BOX 113		v				
Response required						

City *	State *	Zip Code *
CANTON	Mississippi	> 39046-0113
Response required	Response required	Response required
Work Email Address		✓ Please email me updates
myrtle.rayburn@madison-co.com		·
Phone Number *		
16018555605		
Response required		
Location Attending *		
O June 9th (Afternoon) (0 remaining)		
O June 10th(Morning) (0 remaining)		
O June 16th (Afternoon) (3 remaining)		
O June 17th (Morning) (5 remaining)		
● June 23rd (Afternoon) (33 remaining)		
O July 22nd (Afternoon) Make-Up Session (75	remaining)	
Insufficient quantity remaining		
I agree to abide by federal, state, local and attending in-person courses/events. *	d Mississippi State U	Iniversity COVID-19 guidelines when
☑ I agree		
Response required		
Which of the following best describes your Extension reporting purposes.) White Female	r gender/race? (This	s information is only being collected for
villite reillate		

Credit will not be given until payment is received. Only those who have/will attend a Collector of Revenue Course between October 1, 2020 and September 30, 2021 are exempt from Collector Continuing Education.

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Instructions for Registration:

1.	Use correc	t case	when	filling	out	the	registration	form.
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Correct-John Smith
Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *		Last Name *	
Lori		Butler	
County *			
Madison County			
Home Address *			
P O Box 113			
City *		State *	
Canton		Mississippi	v
Zip Code *	Work Phone	Number *	
39046-0113	1601855560	1	
Personal Email A	ddress *		A Bloace email me undates
lori.butler@madi		✓ Please email me updates	
Work Mailing Ad	dress *		
PO BOX 113	u1 C33		
Response require	d		

State *	Zip Code *
Mississippi 💙	39046-0113
Response required	Response required
	✓ Please email me updates
	e ricuse citian me apaaces
(75 remaining)	
and Mississippi State Uni	iversity COVID-19 guidelines when
	Mississippi ✓ Response required (75 remaining)

Credit will not be given until payment is received. Only those who have/will attend a Collector of Revenue Course between October 1, 2020 and September 30, 2021 are exempt from Collector Continuing Education.

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Attn: Collector Continuing Education

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Instructions for Registration:

1.	Use	correct	case	when	filling	out the	registration	form.
----	-----	---------	------	------	---------	---------	--------------	-------

Correct-John Smith
Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *	L	ast Name *		
Fricka		Blackman		
County *				
Madison County				
Home Address *				
PO BOX 113				
City *		State *		
CANTON		Mississippi	~	
Zip Code *	Work Phone Nu	ımber *		
39046-0113	36018555605			
Personal Email Add	dress *			✓ Please email me updates
lmyrtle.rayburn@n	nadison-co.com			Trease chair me apaaces
Work Mailing Addr	·ecc *			
PO BOX 113	C33			
Response required	100 A			

Response required Please email me updates
✓ Please email me updates
oi State University COVID-19 guidelines when
ce? (This information is only being collected for
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Credit will not be given until payment is received. Only those who have/will attend a Collector of Revenue Course between October 1, 2020 and September 30, 2021 are exempt from Collector Continuing Education.

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Attn: Collector Continuing Education

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Instructions for Registration:

1.	Use	correct	t case	when	filling	out the	e registration	form.

Correct-John Smith
Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *		Last Na	me *		
Debra		Nason			
County *					
Madison County					
Home Address *					
P O Box 113					
City *			State *		
Canton			Mississippi	~	
Zip Code *	Work Phone	Number ³	*		
39046-0113					
Personal Email A	ddress *				✓ Please email me updates
myrtle.rayburn@	madison-co.com				
Work Mailing Add	dress *				
PO BOX 113					
Response required					

City *	State *	Zip Code *
CANTON	Mississippi	→ 39046-0113
Response required	Response required	Response required
Work Email Address		✓ Please email me updates
myrtle.rayburn@madison-co.com		
Phone Number *		
16018555605		
Response required		
Location Attending *		
O June 9th (Afternoon) (0 remaining)		
O June 10th(Morning) (0 remaining)		
O June 16th (Afternoon) (3 remaining)		
● June 17th (Morning) (5 remaining)		
O June 23rd (Afternoon) (33 remaining)		
O July 22nd (Afternoon) Make-Up Session (75	remaining)	
Insufficient quantity remaining		
I agree to abide by federal, state, local and attending in-person courses/events. * ☑ I agree	d Mississippi State l	Jniversity COVID-19 guidelines when
Response required		
Which of the following best describes your Extension reporting purposes.) Black Female	gender/race? (Thi	s information is only being collected for

Credit will not be given until payment is received. Only those who have/will attend a Collector of Revenue Course between October 1, 2020 and September 30, 2021 are exempt from Collector Continuing Education.

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Attn: Collector Continuing Education

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Instructions for Registration:

1. Use correct case when filling out the registration form.

Correct-John Smith
Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *		Last Name *	
Lori		Duvall	
County *			
Madison County			
Home Address *			
P O Box 113			
City *		State *	
Canton		Mississippi 🗸	
Zip Code *	Work Phone N	lumber *	
39046-0113	16018555605		
Personal Email A	ddress *		(1) Plance ampil me undates
(madison-co.com		✓ Please email me updates
Work Mailing Ad	dress *		
PO BOX 113			
Response require	d		

City *	State *	Zip Code *
CANTON	Mississippi	39046-0113
Response required	Response required	Response required
Work Email Address		✓ Please email me updates
myrtle.rayburn@madison-co.com		
Phone Number *		
16018555605		
Response required		
Location Attending *		
O June 9th (Afternoon) (0 remaining)		
O June 10th(Morning) (0 remaining)		
O June 16th (Afternoon) (3 remaining)		
June 17th (Morning) (5 remaining)		
O June 23rd (Afternoon) (33 remaining)		
O July 22nd (Afternoon) Make-Up Session (79	5 remaining)	
Insufficient quantity remaining		
I agree to abide by federal, state, local an attending in-person courses/events. * ✓ I agree	d Mississippi State U	niversity COVID-19 guidelines when
Response required		
Which of the following best describes you Extension reporting purposes.) White Female	r gender/race? (This	information is only being collected for
Regis	tration Fee	e: \$30

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Instructions for Registration:

1.	Use co	rrect	case	when	filling	out	the	registration	form.
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Correct-John Smith
Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *	Last N		
Brenda	Mckei	nzie	
County *			
Madison County			
Home Address *			
P O Box 113			
City *		State *	
Canton		Mississippi 🗸	
Zip Code *	Work Phone Numbe	r *	
39046-0113	16018555605		
Personal Email Add	dress *		✓ Please email me updates
myrtle.rayburn@m		Please email me upuates	
Work Mailing Addr PO BOX 113	ess *		
Response required			

City *	State *	Zip Code *
CANTON	Mississippi 🔻	39046-0113
Response required	Response required	Response required
Work Email Address		✓ Please email me updates
myrtle.rayburn@madison-co.com		
Phone Number *		
16018555605		
Response required		
Location Attending *		
○ June 9th (Afternoon) (0 remaining)		
O June 10th(Morning) (0 remaining)		
O June 16th (Afternoon) (3 remaining)		
June 17th (Morning) (5 remaining)		
O June 23rd (Afternoon) (33 remaining)		
O July 22nd (Afternoon) Make-Up Session	(75 remaining)	
Insufficient quantity remaining		
I agree to abide by federal, state, local attending in-person courses/events. * ☑ I agree	and Mississippi State Ur	niversity COVID-19 guidelines when
Response required		
Which of the following best describes y Extension reporting purposes.)	our gender/race? (This	information is only being collected for
White Female ✓		

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1.	Use correct	case when	filling out	the registration	form.
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Correct-John Smith
Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *		Last Na	me *		
KAY		Pace			
County *					
Madison County	·				
Home Address *					
P O Box 113					
City *			State *		
Canton			Mississippi	~	
Zip Code *	Work Phone	e Number	*		
39046-0113	160185556	05			
Personal Email A	Address *				✓ Please email me updates
myrtle.rayburn@	madison-co.con	า			E l'icase cinaii ine apaaces
Work Mailing Ad	ldross *				
Work Mailing Ad PO BOX 113	iuress "				
Response require	d				

City *	State *	Zip Code *
CANTON	Mississippi 💙	39046
Response required	Response required	Response required
Work Email Address		✓ Please email me updates
kpay@madison-co.com		
Phone Number *		
6018269000		
Response required		
Location Attending *		
O June 9th (Afternoon) (0 remaining)		
O June 10th(Morning) (0 remaining)		
June 16th (Afternoon) (3 remaining)		
O June 17th (Morning) (5 remaining)		
O June 23rd (Afternoon) (33 remaining)		
O July 22nd (Afternoon) Make-Up Session	n (75 remaining)	
Insufficient quantity remaining		
I agree to abide by federal, state, loca attending in-person courses/events. * ☑ I agree		ersity COVID-19 guidelines when
Response required		
Which of the following best describes Extension reporting purposes.) White Female	your gender/race? (This inf	ormation is only being collected for
vviitto i einaie		
Dog	istration Fee:	¢30
Reg	isu auvii Fec.	430

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1.	Use	correct	case	when	filling	out the	registration	form.
----	-----	---------	------	------	---------	---------	--------------	-------

Correct-John Smith
Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *		Last Nan	ıе *		
IAURA		sULLIVA	N		
County *					
Madison County					
Home Address *					
P O Box 113					
City *			State *		
Canton			Mississippi	~	
Zip Code *	Work Phone	Number *			
39046-0113	1601855560)5			
Personal Email A	ddress *				✓ Please email me updates
myrtle.rayburn@	madison-co.com				E Flease citian me apaaces
Work Mailing Ad	droce *				
PO BOX 113	ui coo "				
Response require	d		- William Communication of the		

City *	State *	Zip Code *
CANTON	Mississippi 💙	39046
Response required	Response required	Response required
Work Email Address		✓ Please email me updates
LAURA.SULLIAVAN@MADISON-CO.CON	A.	E House driving aparties
Phone Number *		
6018555602		
Response required		
Location Attending *		
O June 9th (Afternoon) (0 remaining)		
O June 10th(Morning) (0 remaining)		
June 16th (Afternoon) (3 remaining)		
O June 17th (Morning) (5 remaining)		
O June 23rd (Afternoon) (33 remaining)		
O July 22nd (Afternoon) Make-Up Session (75	remaining)	
Insufficient quantity remaining		
I agree to abide by federal, state, local an attending in-person courses/events. * ☑ I agree	d Mississippi State Univ	versity COVID-19 guidelines when
Response required	,	
Which of the following best describes you Extension reporting purposes.) White Female	r gender/race? (This in	formation is only being collected for

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1.	Use	correct	case	when	filling	out t	the	registration	form.
31.50								_	

Correct-John Smith
Incorrect-john smith/JOHN SMITH

2. Enter the requested information in the fields. For example:

First Name *		Last Name *	
sHEILA		wOODARD	
_			
County *			
Madison County			
Home Address *			
P O Box 113			
City *		State *	
Canton		Mississippi 🗸	
Zip Code *	Work Phone I	Number *	
39046-0113	1601855560	5	
Personal Email A	ddress *		✓ Please email me updates
	madison-co.com		Please email me updates
Work Mailing Ad	dress *		
PO BOX 113			
Response required	d		

City *	State *	Zip Code *
CANTON	Mississippi 💙	39046-0113
Response required	Response required	Response required
Work Email Address		✓ Please email me updates
myrtle.rayburn@madison-co.com		
Phone Number *		
16018555605		
Response required		
Location Attending *		
O June 9th (Afternoon) (0 remaining)		
O June 10th(Morning) (0 remaining)		
June 16th (Afternoon) (3 remaining)		
O June 17th (Morning) (5 remaining)		
O June 23rd (Afternoon) (33 remaining)		
O July 22nd (Afternoon) Make-Up Session (7	5 remaining)	
Insufficient quantity remaining		
I agree to abide by federal, state, local ar attending in-person courses/events. * ☑ I agree	nd Mississippi State Uni	iversity COVID-19 guidelines when

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