2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/01/2025

General Information

Name: Mrs Loretta Riehl Tolland

PID 261342

AGENCY INFORMATION

Organization	Suborganization	Title
Ormond Beach	Mayor And City Commission	City Commissioner - Zone 1

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Volusia Orthopaedic Trauma Call Assoc LLC	1871 LPGA Blvd 32114	Registered Nurse
See Attached		

Filed with COE: 06/01/2025

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Truist Bank	checking account, savings account

Filed with COE: 06/01/2025

Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Filed with COE: 06/01/2025

Signature of Filer

Loretta Riehl Tolland

Digitally signed: **06/01/2025**

Filed with COE: 06/01/2025

Copy C - FOR EMPLOYEE'S RECORDS ONLY

2024 OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	21941.90	670.76
	3 Social security wages	4 Social security tax withheld
	21941.90	1360.40
b Employer ID number	5 Medicare wages and tips	6 Medicare tax withheld
30-0950557	21941.90	318.15

c Employer's name, address, and ZIP code

Volusia Orthopaedic Trauma Call Associates LLC
1075 Mason Ave
Daytona, FL 32117

d Control number
42536 150000962

e Employee's name, address, and ZIP code

Loretta TOLLAND
5 BROADRIVER ROAD
Ormond Beach, FL 32174

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	

12a AA	3291.31	13 Statutory employee / Retirement plan / 3rd-party sick pay: X	
12b		14 Other	
12c			
12d			

FL NOT NEEDED	21941.90	
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
N/A	N/A	N/A

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Printed by Paylocity Payroll
Page 7 of 9