2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/23/2025

General Information

Name: Mr Ainar Aijala Jr

PID 308329

AGENCY INFORMATION

Organization	Suborganization	Title
Ocean Ridge	Mayor And Town Commission	Town Commissioner

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
Deloitte pension	30 Rockefeller center, ny, ny	pension from consulting career
Selective Insurance Group Inc Directors fees	40 Wantage Avenue, Branchville, NJ	director fee for Casualty Insurer

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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
915 Hudson Capital LLC	Residential rental property	7997 SW 76th avenue	rental income

Real Property

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

Location/Description
7997 SW 76th Avenue, Miami, FL 33143

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
Retirement funds	Vanguard
Brokerage account	Wells Fargo
Retirement Funds	Morgan Stanley

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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
Citibank	388 Greenswich Street ,NYC
Wells Fargo	388 Greenwich Street, NYC

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	
Name of Business Entity	Selective Insurance Group Inc
Address of Business Entity	40 wantage avenue,branchville,nj
Principal Business Activity	Property and casualty insurance
Postion Held with Entity	director
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	Stock holdings

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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.

Signature of Filer

Ainar Aijala Jr

Digitally signed: **06/23/2025**

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