AO 10 Rev. 1/2019

## FINANCIAL DISCLOSURE REPORT FOR CALENDAR YEAR 2018

Report Required by the Ethics in Government Act of 1978 (5 U.S.C. app. §§ 101-111)

	TO THE PART OF THE	(5 C.S.C. app. 33 101-111)
Person Reporting (last name, first, middle initial)     UNGARO, URSULA	2. Court or Organization UNITED STATES DISTRICT COURT	3. Date of Report 6/13/2019
Title (Article III judges indicate active or senior status;     magistrate judges indicate full- or part-time)	5a. Report Type (check appropriate type)	6. Reporting Period
DISTRICT COURT JUDGE (ACTIVE)	Nomination Date   Initial	01/01/2018 to 12/31/2018
7. Chambers or Office Address	5b. Amended Report	
400 N. MIAMI AVENUE ROOM 12-4 MIAMI, FLORIDA 33318		
	: The instructions accompanying this form must be followed. Con NONE box for each part where you have no reportable information	
. POSITIONS. (Reporting individual only; see pp.	9-13 of filing instructions.)	
✓ NONE (No reportable positions.)		
POSITION	NAME OF OR	GANIZATION/ENTITY
II ACDEEMENTS and a second		
II. AGREEMENTS. (Reporting individual only.  ✓ NONE (No reportable agreements.)	; see pp. 14-16 of filing instructions.)	
DATE	PARTIES AND TERMS	Ĺ
<u>Σ</u> .		
3.		
FINANCIAL DISCLOSURE REPORT Page 2 of 9	ORT Name of Person Reporting UNGARO, URSULA	Date of Report 6/13/2019
III. NON-INVESTMENT INCOME A. Filer's Non-Investment Income	. (Reporting individual and spouse; see pp. 17-24 of filing instructions.)	
▼ NONE (No reportable non-investment	income.)	
DATE	SOURCE AND TYPE	INCOME (yours, not spouse's)
2.		0
		9
4.		ý
B. Spouse's Non-Investment Income - If you > Dollar amount not required except for honoraria.)	were married during any portion of the reporting year, complete this section	н.
✓ NONE (No reportable non-investment	income.)	
<u>DATE</u>	SOURCE AND TYPE	
s		
<u>.                                    </u>		
V. REIMBURSEMENTS transportation		
Includes those to spouse and dependent children; see pp. 25-27 o	of filing instructions.)	
✓ NONE (No reportable reimbursements  SOURCE DATES	LOCATION PURPOSE	ITEMS PAID OR PROVIDED
SOURCE DATES	LOCATION PURPOSE	HEMS PAID OR PROVIDED
		9
	<del></del>	5-
		[: [:
EINANCIAL DISCLOSUDE DED	Name of Person Reporting	Date of Report
FINANCIAL DISCLOSURE REPORTS Page 3 of 9	UNGARO, URSULA	6/13/2019
V. GIFTS. (Includes those to spouse and dependent chi  ✓ NONE (No reportable gifts.)	ddren; see pp. 28-31 of filing instructions.)	
SOURCE	DESCRIPTION	VALUE
L		
<u>.                                    </u>		-53
		-73
VI. LIABILITIES. (Includes those of spouse and	f dependent children; see pp. 32-33 of filing instructions.)	
NONE (No reportable liabilities.)		
CREDITOR  . Foster Construction Renov	<u>DESCRIPTION</u> vations	VALUE CODE K
3.		27
10		