	ild Yes I No	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Have you excluded from this report any other assets, "uneamed" income, transactions, or libecause they meet all three tests for exemption? Do not answer "yes" unless you have first		Exemptions-	
	Yes No 🔇	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	"Qualified Blind Trusts" approved by the Commi ou excluded from this report details of such a tr	Details regarding disclosed. Have y	Trusts-	
	Yes 🔲 No 🗸	tial Public Offering?	Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Did you purchase	IPO	
	SE QUESTIONS	NFORMATION ANSWER EACH OF THESE	DUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE,	IPO and EX	
	,		Υ.	If yes, complete and attach Schedule V	If yes, comp	
	and the appropriate	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Did you, your spouse, or a dependent child than \$10,000) during the reporting period?	V. than \$10,000)	
		If yes, complete and attach Schedule IX.	V.	If yes, complete and attach Schedule IV.	If yes, comp	
	utside Yes No 🗸	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes V No	Did you, your spouse, or dependent child purchase, sell, or exchange a reportable asset in a transaction exceeding \$1,000 during the reporting	Did you, your: IV. reportable ass	
		If yes, complete and attach Schedule VIII.	=	If yes, complete and attach Schedule III.	If yes, comp	
	ng in the Yes ☑ No ☐	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth Yes V No I	Did you, your spouse, or a dependent child more than \$200 in the reporting period or he more than \$1 000 at the end of the portion?	Did you, your III. more than \$20	
		If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	If yes, comp	
	e travel or an \$350 Yes ✔ No 🗌	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Did any individual or organization make a donation to charity in lieu of paying Yes No 🗸	Did any individual or organization make a donation to charity in you for a speech, appearance, or article in the reporting period?	II. you for a spee	
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	If yes, comp	
	egift in the Yes No V	Did you, your spouse, or a dependent child receive any reportable gift in the VI. reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes ₩ No □	Did you or your spouse have "earned" Income (e. or more from any source in the reporting period?	l. or more from	
		QUESTIONS	ANSWER EACH OF THESE	PRELIMINARY INFORMATION	PRELIMINA	
	more than 30 days late.	Termination Date:	☐ Amendment ☐ Termination	🗹 Annual (May 15)	Report Type	
	anyone who files		District. 10		Oracus	
~	A \$200 penaity shall be assessed against	Officer Or Employing Office:	State: NC	Member of the U.S. House of Representative	Filer	
	(Office Use Only)	(Daytime Telephone)	(Full Name)			
	ADI3 MAY ILL PH L: 3L		Patrick McHenry	Pa		
して	LEGISLATIVE RESOURCE CENTER MC	רבו				
	DELIVERED	For use by Members, officers, and employees		YEAR 2012 FINANCIA	CALENDAR \	
	HAND	FORM A Page 1 of 8	E OF REPRESENTATIVES	STATES HOUSE	UNITED S	
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because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

SCHEDULE I - EARNED INCOME

Name Patrick McHenry

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
The Brattle Group	Spouse Salary	N/A

						Identify value exportal "unearn unearn Provide For all II each as a describe for rem a describe (unless \$5,000 c in, or in Savings If you se spouse optional For a de booklet
SCANA common stock	[MMP] 215 Robinson Rd., Gastonia NC (50% ownership)	McHenry-McHenry partnership [MMP] real estate holdings below	[MPP] 109 W. 8th Ave., Gastonia NC (10% ownership)	[MPP] 5224 Union Rd., Gastonia NC (10% ownership)	McHenry-Putman partnership [MPP] real estate holdings below	BLOCK A ASSet and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.
\$15,001 - \$50,000	\$100,001 - \$250,000		\$15,001 - \$50,000	\$15,001 - \$50,000		BLOCK B Year-End Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." * This column is for assets held solely by your spouse or dependent child.
DIVIDENDS	RENT		RENT	RENT		BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or iRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
\$1,001 - \$2,500	\$15,001 - \$50,000		\$5,001 - \$15,000	\$5,001 - \$15,000		Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income generated by assets heid solely by your spouse or dependent child.
						BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHE	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Patrick McHenry	исHenry		Page 4 of 8
	806 Requa Rd., Cherryville NC (rental property)	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
	Locust-Hwy 200 LLC, Locust NC (real estate partnership - 294% ownership)	\$15,001 - \$50,000	None	NONE	
	Alliance Bank and Trust stock	\$1,001 - \$15,000	DIVIDENDS	NONE	
	Congressional Federal Credit	\$1,001 -	None	NONE	

SP

Vanguard Target Retirement 2045 Fund

\$1,001 -\$15,000

TAX-DEFERRED

NONE

T

SP

Vanguard Total Bond Mkt Index Inv

\$15,001 -\$50,000

TAX-DEFERRED

NONE

U

\$15,001 -\$50,000

TAX-DEFERRED

NONE

ס

SP

Vanguard Prime Money Market Fund

SP

Morgan Stanley Smith Barney MMC Stock Purchase Plan

\$1,001 -\$15,000

DIVIDENDS

\$1 - \$200

SP

market account

Congressional FCU money

Union checking

Class

IRA Prime Fund Daily Money

\$1,001 -\$15,000

TAX-DEFERRED

NONE

\$50,001 -\$100,000

INTEREST

\$1 - \$200

\$15,000

SCHEDULE IV - TRANSACTIONS

Name Patrick McHenry Page 5 of 8

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for is sold, please so indicate (i.e., "partial sale"). See example below. between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. This column is for assets solely held by your spouse or dependent child.

SP Vang	SP Vang	SP Vang	SP, DC, JT
Vanguard Total Bond Mkt Index Inv	Vanguard Target Retirement 2045 Fund	Vanguard Prime Money Market Fund	Asset
ס	P	P	Type of Transaction
N/A	N/A	N/A	Capital Gain in Excess of \$200?
07/30/2012	07/30/2012	semi-monthly	Date
\$15,001 - \$50,000	\$15,001 - \$50,000	\$15,001 - \$50,000	Amount of Transaction

SCHEDULE V - LIABILITIES

Name Patrick McHenry

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: for liabilities held solely by your spouse or dependent child. liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. *This column is Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances;

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Mortgage on personal residence, Denver NC
Mortgage on personal residence, Washington DC
Mortgage on 806 Requa Rd, Cherryville NC
Mortgage on 215 Robinson Rd., Gastonia NC
Type of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

Name Patrick McHenry

Page 7 of 8

None	Z	Y	Y	DC-Philadelphia-DC	Jan 26-27	Heritage Foundation
Days not at sponsor's expense	Was a Family ng? Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodging? (Y/N)	Point of Departure DestinationPoint of Return	Date(s)	Source

SCHEDULE VIII - POSITIONS

Name Patrick McHenry

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	McHenry-McHenry partnership
Partner	McHenry-McHenry partnership
Sole Proprietor	McHenry Real Estate (no assets)
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