# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 7

2 FILERNAME: TRINITY INDUSTRIES EMPLOYEE POLITICAL ACTION COMMITTEE (BF), INC.

3 ACCOUNT # (Ethics Commission filers): 00017149

| 4 Date | 5 Full name of contributor / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 11/23/98 | SCHNEIDER, DOUGLAS H.<br>3116 HAMPSHIRE COURT<br>FRISCO, TX 75034 | $80.00 | |

9 Principal occupation: OFFICER, DIVISION
10 Name of Employer: TRINITY INDUSTRIES, INC

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 11/23/98 | SHOOP, NEIL O<br>9594 SPRINGBRANCH DR<br>DALLAS, TX 75238 | $80.00 | |

Principal occupation: OFFICER, CORPORATE
Name of Employer: TRINITY INDUSTRIES, INC

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 11/23/98 | SICKELS, LINDA S<br>806 CANAL ST<br>IRVING, TX 75063 | $100.00 | |

Principal occupation: OFFICER, CORPORATE
Name of Employer: TRINITY INDUSTRIES, INC

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 11/23/98 | SMITH, STEPHEN W<br>3125 GREENBRIER DR<br>DALLAS, TX 75225 | $80.00 | |

Principal occupation: OFFICER, DIVISION
Name of Employer: TRINITY INDUSTRIES, INC

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 11/23/98 | STILES, MARK<br>P.O. BOX 7413<br>BEAUMONT, TX 77726 | $220.00 | |

Principal occupation: OFFICER, CORPORATE
Name of Employer: TRINITY INDUSTRIES, INC

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.