REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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FEC MAIL ROOM
2000 SEP -5 A 10:33

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
TRINITY INDUSTRIES EMPLOYEE POUTICAL ACTION COMMITTEE (SF), INC.

ADDRESS (number and street) [ ] Check if different than previously reported
2525 STEMMONS FREEWAY

CITY, STATE and ZIP CODE
DALLAS, TX 75207

2. FEC IDENTIFICATION NUMBER
C 00268904

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Repor
[ ] January 31 Year End Repo
[ ] July 31 Mid Year Report (Non-election Year Onl
[ ] Termination Report

Monthly Report Due on:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[X] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] 12-Day Pre-Election Report _____ (Type of Election)
election on _____ In the State of _____

[ ] 30-Day Post-Election Rreport following the General Electi
on _____ In the State of _____

(b) Is this Report an Amendment? [X] YES [ ] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 3/1/1999 through 3/31/1999		
6. (a) Cash on Hand January 1, 20 99		$182,578.48
(b) Cash on Hand at Beginning of Reporting Period	$191,319.07	
(c) Total Receipts (from Line 19)	$4,611.83	$13,352.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Line 6(a) and 6(c) for Column	$195,930.90	$195,930.90
7. Total Disbursements (from Line 30)	$5,250.00	$5,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$190,680.90	$190,680.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule	$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule	$0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100D

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Mike Mason**

Signature of Treasurer

Date 4/15/1999

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

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