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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name SKYLINE LLC			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 7000 Orkney Parkway, Suite 100			
3. Principal Place of Business (if different from line 2) City: Bethesda State/Zip (or County): MD - 20817			
4. Contact Name	Telephone	E-mail (optional)	5. Senate
Robert S. Salomon	(301) 320-4300		-----
7. Client Name	<input type="checkbox"/> Self		6. House
NEW YORK STATE HOUSING FINANCE AGENCY			3487600

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) **OR** Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____ 11. No Lobbying A

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for descriptive information.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA disclosure</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 162(e) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature *Robert S. Salomon*
Printed Name and Title **ROBERT S. SALOMON, PRESIDENT**

Registrant Name SKYLINE LLC

Client Name NEW YORK STATE HOUSING FINANC

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is lobbying on behalf of the client during the reporting period. **Using a separate page for each code**, provide information. Attach additional page(s) as needed.

15. General issue area code HOU (one per page)

16. Specific lobbying issues

H.R. 951

S. 677

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. House of Representatives

U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
ROBERT S. SALOMON	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 2-21-02
 Printed Name and Title ROBERT S. SALOMON, PRESIDENT

