

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE
LOBBYING REPORT
01 AUG 14 PM

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 Robert S. Salomon		Telephone (301) 320-4300	5. Senate I -----
7. Client Name <input type="checkbox"/> Self NEW YORK STATE HOUSING FINANCE AGENCY			6. House II 3487600

TYPE OF REPORT 8. Year 2001 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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000
\$10,000 or more ⇒ \$ _____
Income (nearest \$20,000)

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).

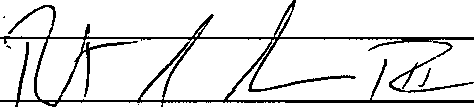
13. Organizations

EXPENSES relating to lobbying activities for this period were:

Less than \$10,000
\$10,000 or more ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to inc accounting method. See instructions for descriptor.

- Method A.** Reporting amounts using LDA de
- Method B.** Reporting amounts under section the Internal Revenue Code
- Method C.** Reporting amounts under section Internal Revenue Code

Signature 
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

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

Check if None

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 _____

Printed Name and Title

