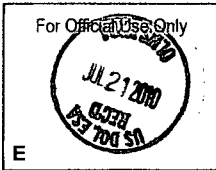


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.
Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432502

1. File Number C: <u>692</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2007</u> Through: <u>12</u> / <u>31</u> / <u>2007</u>
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name TERRY G CUBA

Title CEO / CONSULTANT

Organization BARAHMA DEFENSE ENTERPRISE LLC

P.O. Box, Building and Room Number, if any

Street 10815 ARGONITE DRIVE NW

City ALBUQUERQUE

State New Mexico ZIP Code + 4 87114

4. Any other address where records necessary to verify this report are kept:

Name N/A

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State ZIP Code + 4

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed [Signature] President
(if other title, see instructions)
Title President

On 07 / 10 / 2010 505-899-0316
Date Telephone Number

18. Signed [Signature] Treasurer
(if other title, see instructions)
Title Other (Specify)
CEO / CONSULTANT

On 07 / 10 / 2010 202-450-8336
Date Telephone Number

Name of Person Filing: TERRY CUBA	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Grubb, Quist and Associates LLC	P.O. Box, Building and Room Number, if any	
Trade Name		Street	12 South Main Street
Attention To	Fred Grubbs	City	Waterbury
Title		State	Vermont ZIP Code + 4 05676

5.b. Termination Date DECEMBER 2007 5.c. Amount 37,396

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 37,396

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:						
(a) Name	(b) Salary	(c) Expenses	(d) Totals			
TERRY G CUBA	22,600	0	22,600	9. Office and Administrative Expenses	0	
	0	0	0	10. Publicity	0	
		0	0	11. Fees for Professional Services	0	
				12. Loans Made	0	
				13. Other Disbursements	0	
8. Total disbursements to officers and employees:			22,600	14. Total Disbursements (Sum of Items 8-13)	22,600	

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: N/A	15.b. Trade Name, If any: N/A
15.c. To Whom Paid Name N/A Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount 15.e. Purpose N/A

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY