

ORIGINAL

21-6868
No. 21-A

Supreme Court, U.S.
FILED

JAN 06 2022

OFFICE OF THE CLERK

**In The
Supreme Court of the United States**

MAJOR MIKE WEBB, D/B/A FRIENDS FOR MIKE
WEBB, MAJOR MIKE WEBB FOR U.S. CONGRESS
(VA8), MAJOR MIKE WEBB FOR VA and MAJOR MIKE
WEBB FOR ARLINGTON PUBLIC SCHOOL (APS)
BOARD,

Pro Se Applicant,

v.

ANTHONY S. FAUCI, in official and individual
capacities, NATIONAL INSTITUTE FOR ALLERGY &
INFECTIOUS DISEASE (NIAID), ROCHELLE
WALENSKY, in official and individual capacities,
CENTERS FOR DISEASE CONTROL & PREVENTION,
JANET WOODCOCK, in official and individual
capacities, FOOD & DRUG ADMINISTRATION (FDA),
MOHAMMED NORMAN OLIVER, in official and
individual capacities, VIRGINIA DEPARTMENT OF
HEALTH (VDH), PFIZER, INC., BIONTECH SE,
MODERNATX, INC., JOHNSON & JOHNSON, INC.,
JANSSEN GLOBAL SERVICES, LLC, FACEBOOK,
INC., DIONNE HARDY, in official and individual
capacities, OFFICE OF MANAGEMENT & BUDGET
(OMB), JENNIFER R. PSAKI, in official and individual
capacities, WHITE HOUSE COMMUNICATIONS
AGENCY, VIVEK MURTHY, in official and Individual
capacities, OFFICE OF THE SURGEON GENERAL,
MARK R. HERRING, in official and individual capacities,
OFFICE OF THE STATE ATTORNEY GENERAL,
RALPH S. NORTHAM, in official and individual
capacities, LLOYD J. AUSTIN, in official and individual
capacities, DEPARTMENT OF DEFENSE (DOD),
CHRISTINE E. WORMOTH, in official and individual
capacities, DEPARTMENT OF THE ARMY (DA),
XAVIER BECCERA, in individual and official capacities,
DEPARTMENT OF HEALTH & HUMAN SERVICES

(HHS), TED BRITT FORD OF FAIRFAX, RICHARD D.
HOLCOLM, in individual and official capacities,
VIRGINIA DEPARTMENT OF MOTOR VEHICLES,
INGRID H. MORROY, in individual and official capacity,
COMMISSIONER OF REVENUE FOR COUNTY OF
ARLINGTON, CAPITAL INVESTMENT ADVISORS,
LLC, A-1 TOWING OF NORTHERN VIRGINIA, and
JOHN and JANE DOES

Respondents.

**To the Honorable John Roberts, Chief Justice of the United States Supreme
Court and Acting Circuit Justice for the Fourth Circuit**

**Amended Application to Proceed In Forma
Pauperis**

MAJOR MIKE WEBB, *PRO SE*
Counsel of Record
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Arlington, Virginia
(856) 220-1354
GiveFaithATry@gmail.com

AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Major Mike Webb, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>500</u>	\$ <u>0</u>	\$ <u>500</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>2,000</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>VA</u>	\$ <u>3,000</u>	\$ <u>0</u>	\$ <u>3,000</u>	\$ <u>0</u>
Total monthly income:	\$ <u>5,500</u>	\$ <u>0</u>	\$ <u>5,500</u>	\$ <u>0</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Retired			\$ \$ \$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A			\$ \$ \$

4. How much cash do you and your spouse have? \$ 300
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Checking	\$ <u>300</u>	\$ <u>0</u>
Checking	\$ <u>5</u>	\$ <u>0</u>
Savings	\$ <u>5</u>	\$ <u>0</u>

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

<input type="checkbox"/> Home	Other real estate
Value <u>N/A</u>	Value
<input type="checkbox"/> Motor Vehicle #1	Motor Vehicle #2
Year, make & model <u>Ford</u>	Year, make & model
Value <u>\$31,000</u>	Value
<input type="checkbox"/> Other assets	
Description	
Value	

the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
N/A		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>1,546</u>	\$ <u>0</u>
Are real estate taxes included? X Yes <input type="checkbox"/> No		
Is property insurance included? X Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>350</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>150</u>	\$ <u>0</u>
Food	\$ <u>800</u>	\$ <u>0</u>
Clothing	\$ <u>500</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>200</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>150</u>	\$ <u>0</u>

	You Your spouse	
Transportation (not including motor vehicle payments)	\$ <u>300</u>	
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>300</u>	
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>100</u>	
Life	\$ <u>0</u>	
Health	\$ <u>0</u>	
Motor Vehicle	\$ <u>200</u>	
Other:	\$ <u>0</u>	
Taxes (not deducted from wages or included in mortgage payments)		
(specify):	\$ <u>0</u>	\$
Installment payments		
Motor Vehicle	\$ <u>550</u>	\$
Credit card(s)	\$ <u>200</u>	\$
Department store(s)	\$ <u>0</u>	\$
Other: <u>AAFES</u>	\$ <u>100</u>	\$
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$
Other (specify):	\$	\$

Total monthly expenses:

\$
5,396

\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? Yes ☒ No
If yes, how much?

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much?

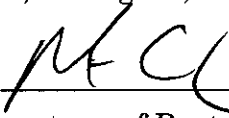
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am currently barred from filing any pleadings in the Circuit Court for the County of Arlington, and the Federal District Court in Alexandria. The County of Arlington has imposed a property tax for a vehicle I did not own, and have demanded payment of a tax I did not owe, under Va. Code § 58.1-3516(A) and Va. Code § 58.1-3503(A)(3), and might fairly be described as retaliation under 18 U.S.C. § 1513(b).

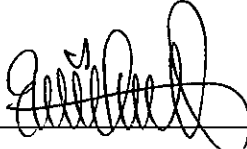
I declare under penalty of perjury that the foregoing is true and correct.

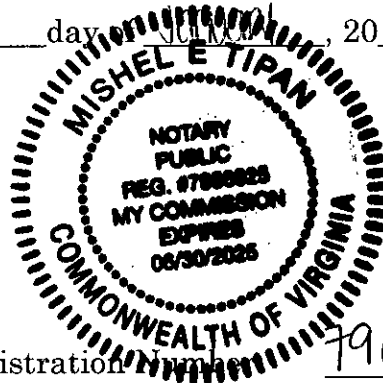
Name of Party (Print or Type): Major Mike Webb, 955 S. Columbus Street, Unit
426, Arlington, Virginia 22204, GiveFaithATry@gmail.com, 856-220-1354.


Signature of Party

Executed on: 1-6-22
(Date)

Subscribed, acknowledged and sworn to before me, the undersigned
Notary Public in the County of Arlington, in the
Commonwealth of Virginia, this 6 day of January, 20 22.


NOTARY PUBLIC



My commission expires: 06/30/2025 Registration Number 7906925