

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

Ft. Worth Division

U.S. DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
FILED
DEC 16 2016
CLERK, U.S. DISTRICT COURT
By _____ Deputy

William M. Winslow
Plaintiff

4-16CV-1147A

v. KEN PAXTON and,
Dean Anderson
Defendant

Civil Action No.

MOTION TO PROCEED IN FORMA PAUPERIS

I request permission to commence an action against the defendant named above without the payment of fees, costs or security. A proposed complaint is transmitted herewith.

In support of this motion I have attached the following:

1. Declaration in support of Request to Proceed in Forma Pauperis relating to my inability to pay costs and fees.
2. Other material, if any.

DEPARTMENT OF THE ARMY CASE CODE 99994-44110
 www.maverickfoundation.org; The Organized Crime Control Act of 1970, 18 U.S.C. Sections 1961-1963, Section 3031, 18 U.S.C. Sections 1341-1349, 18 U.S.C. Sections 831, 792, 793, 794, 18 U.S.C. Section 1114, Section 1182 of Title 8 U.S.C. Article I Section 3 U.S. Const. 42 U.S.C. Section 1983, 50 U.S.C. Chapter 13 Foreign Agents Registration Act
 The Internal Security Act of 1950, The Foreign Agents Registration Act of 1938
 The Communist Control Act of 1954, The Subversive Activities Act of 1950
 THE NO FEAR Act The Nuclear Energy Whistleblower Protection Act
 The Major Fraud Act of 1938, The Atomic Energy Act of 1954 Act
 The Civil Rights Act of 1964, as amended, The Whistleblower Intelligence Community protection Act of 1998, as amended

Date 12-2-2016
 Signature W.M. Winslow, DSS/U.S. Army - FAO, FISA 78
 Print Name WILLIAM MAVERICK WINSLOW, DCMA-IDEU15565
 Address 100 N. LAMAR
 City, State, Zip Fort Worth, Texas 76196
 Telephone DSS Quantico, Va 571-305-6222 Field Office.

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

Ft. Worth Division

William M. Winslow

Plaintiff

v. KEN PAXTON and,

Dean Anderson

Defendant

DECLARATION IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS

I, William M. Winslow, declare, depose, and say that I am the plaintiff in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty, I am unable to pay the costs of said proceeding or to give security therefor, that I believe I am entitled to relief.

I further declare that the responses which I have made to questions and instructions below are true.

1. Are you presently employed? Yes No

a. If you answered YES, state the amount of your salary or wages per month, and give the name and address of your employer.

CAGE CODE 9994-HULLO, DEFENSE SECURITY SERVICE, DEPARTMENT OF THE ARMY
www.maverickranchfoundation.org
www.usgovernment.army/www.dema.mil-EU15565
www.williamwinslow@usgovernment.army
social security disability payments only

b. If you answered NO, state the date of last employment and the amount of the salary and wages per month which you received.

[Empty box for response to question 1b]

2. Have you received, within the past 12 months, any money from any of the following sources?

- a. Business, profession or form of self-employment? Yes No
- b. Rent payments, interest or dividends? Yes No
- c. Pensions, annuities or life insurance payments? Yes No
- d. Gifts or inheritances? Yes No
- e. Any other sources? Yes No

If you answered YES to any of the questions above describe each source of money and state the amount received from each during the past 12 months.

Social Security Disability payments approximately \$733 per month
STIPEND PAYMENT PURSUANT TO 18 U.S.C. § 245 18U.S.C. § 1961(a)

3. Do you own cash, or do you have money in a checking or savings account?

Yes No

If you answered YES, state the total value of the items owned.

SSI Payment Account, amount in the account is unknown to the plaintiff as of the date of the filing of this Motion. I do not have access to the funds in the account, on bank card.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing?

Yes No

If you answered YES, describe the property and state its approximate value.

5. List the persons who are dependent upon you for support; state your relationship to those persons (father, mother, spouse, etc.); and indicate how much you contribute toward their support. List only initials, not full names, of minor children.

I understand that a false statement or answer to any questions in this affidavit will subject me to penalties for perjury. I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct (28 U.S.C. 1746).

Date: 12-2-2016

w.m. Winford, DSS/US ARMY - FDO, F15278
Signature of Plaintiff
DSS/US ARMY - FDO
NUCLEAR REGULATORY COM
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18 U.S.C. 1961 (10)