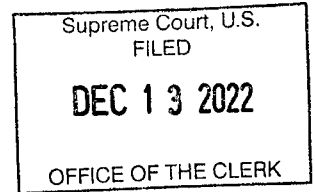


No. 22M58



SUPREME COURT OF THE UNITED STATES

David John Thistle

Petitioner,

vs.

Joseph Robinette Biden Jr., President of the United States,

Respondent.

On Petition for a Writ of Certiorari to
the United States Supreme Court

MOTION FOR LEAVE TO PROCEED AS A VETERAN AND FOR RELIEF FROM
FILING FEE

David John Thistle

Petitioner, Pro Se

September 29, 2022

5580 LA JOLLA BLVD #360

San Diego, California 92037

619-603-2466

E-Mail: david@thistle.world

spacerangeradm1@icloud.com

CORPERATE DISCLOSURE STATEMENT

Pursuant to Supreme Court Rule 29.6, Mr. David John Thistle is an individual.

JURISDICTION

This Court has Jurisdiction under 28 U.S.C. (SEC) 1254(1.)

REQUEST FOR RELIF FROM FILING FEE

The Petitioner, Mr. David John Thistle, in connection with the Petition for a Writ of Certiorari filed to the Supreme Court of the United States, on November 5, 2022, and pursuant to S. Ct. Rule 40, respectfully requests this Court to waive the \$300 filing fee and other fees and costs associated with this petition.

1. The Petitioner served two Active-Duty enlistments in the United States Navy for a combined service of over 5 years. Mr. David John Thistle served the United States Navy in many occupations and as a member of several different Naval Commands. These Commands included but are not limited to

The Naval Special Warfare Center BUD/S, SEAL TEAM 1, SEAL TEAM 2, Explosive Ordnance Disposal Mobile Unit III, SIMA San Diego, Naval Hospital San Diego, NAVSTA Branch Medical Clinic Norfolk, The USS Cape Cod, and the USS Blue Ridge.

2. The Petitioner, Mr. David John Thistle, is a United States Navy 100% Service-Connected Disabled Veteran. Mr. David John Thistle initially served in the United States Navy for 4 years and 4 months 27 days before being transferred from active duty and Medically Retired and placed on the Temporary Disabled Retirement List with a 60% Service-Connected Navy Disability Rating.
3. The Petitioner, Mr. David John Thistle, diligently continued an arduous Physical Therapy regiment while attending Harvard University and University of Massachusetts. When medically fit, Mr. Thistle returned to Active Duty a second time. This enlistment length was 1 year 28 days before Mr. Thistle was once again transferred to the Temporary Retirement List unable to walk properly. Mr. Thistle was retired with a 60% Disability Rating from the United States Navy.
4. The Petitioner, Mr. David John Thistle, due to the seriousness and degenerative nature of his Combined Disabilities, has an effective date of rating by the United States Department of Veterans Affairs' 100% S & K. Service-Connected Disabled Veteran 09 September 1999. NOTE: The United States Department of Veterans Affairs stipulate 2 individual 100% Service-

Connected Disabilities designate the “S” Rating. The “K” rating stipulates the Service Member, Mr. David John Thistle, has a Service-Connected Legal Loss of the left lower extremity. Mr. David John Thistle also suffers from undiagnosed-misdiagnosed Traumatic Brain Injury Tumors and requests the Court will understand the format of this case complaint Writ of Certiorari is due to an understandable adaptation for his disability.

5. Currently, due to the nature of the economy and the amount of dedication and the delays of these Federal Court Complaints originally filed on 13 December 2021 Mr. Thistle is experiencing a homelessness situation and is legally considered as a “Transient Disabled Veteran.”

The Petitioner, Mr. David John Thistle, a 100% Combat Related Disabled Veteran, does, for the aforementioned reasons requests the totality of all Court Fees be hereby waived by the Supreme Court for all cases concerning the illegal altering of Article 1 Par 2 Sec 2 of the Constitution of the United States and the Negligence of Duty by Elected and or Appointed Federal and States’ Officers.

No. _____

SUPREME COURT OF THE UNITED STATES

David John Thistle

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Respondent.

AFFIDAVIT

Comes now Mr. David John Thistle, Petitioner in the above styled case and affirming under 28 U.S.C. (Sec) 1746 does state as follows:

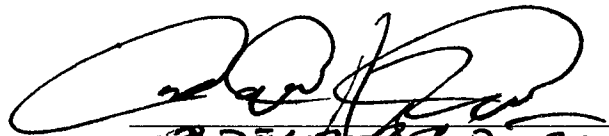
- 1. I am a Veteran of the United States Navy. I served in the Active Duty Navy from June 24, 1988, to November 20, 1992, before being placed on the Temporary Disabled Retirement List with a 60% Service-Connected Disability Rating. I returned to Active-Duty Naval Service November 29, 1995, until December 26, 1996, when I was once again placed on the Temporary Disabled Retirement List with a 60% Service-Connected Disability Rating. Both of these Active-Duty Naval periods were served under Honorable Character of Service Conditions.*

2. *On January 31, 1997, under 26 U.S.C. (Sec) 104(b) The Office of the Judge Advocate General of the United States Navy deemed my Service-Connected Disabilities are in fact tax exempt.*
3. *I am currently rated by the United States Department of Veterans Affairs as 100% S & K, Service-Connected Disabled.*
4. *I have filed claims against the Respondent alleging that my Constitutional Rights as a Naturally Born Citizen of the United States who has obtained the age of 25, and who was willing to meet Residency in any State when elected or upon Election especially, OHIO, ALASKA, and NEW HAMPSHIRE, to timely become a Ballot Candidate under Article 1 Sec. 2 Par. 2. were limited to negatively affect my timely filing of Ballot Forms, truncate the Ballot Candidacy timeframe, and negatively impact my abilities to properly Raise Campaign Funds.*
5. *I have filed claims against the Respondent alleging that the Respondent knowingly took no appropriate corrective action or actions in the unauthorized altering of Article 1 Sec 2 Par 2 on the Official State Websites of 6 States Elections Offices to mis-inform the General Public with regard to limit Qualified Ballot Candidates by restricting the ability of a current non-registered Voter and an out of State Inhabitant to become a Ballot Candidate. The unauthorized illegal altering of the Constitution to control or affect the outcome of Elections illegally is considered Domestic Terrorism by the*

Department of Justice. The Respondent to zero Public Corrective actions to maintain FAIR ELECTIONS as his Duty of Office Requires.

6. *In these claims, the Petitioner asserts the Rights granted under the 14th Amendment. The Petitioner asserts the 14th Amendment Rights and my Rights under 18 U.S.C. (Sec) 242 were violated and breach of contract as a direct result of the illegal changes that were made by 6 States to Article 1 and presented to the Respondent, Joseph Robinette Biden, without appropriate Executive Corrective actions. These alleged changes to The Constitution of these United States are in violation of Article 5, the 10th Amendment, and the 14th Amendment as well as other Elections and Publication Laws of the United States Federal Statutes and all 6 States' Governmental Laws.*

I DECLARE UNDER PENALTY OF PURGERY THAT THE FOREGOING IS TRUE AND TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.


13 DECEMBER 2022
David John Thistle

Petitioner, Pro Se

September 29, 2022

5580 LA JOLLA BLVD #360

San Diego, California 92037

619-603-2466

E-Mail: david@thistle.world

spacerangeradm1@icloud.com

1. The Plaintiff, David John Thistle is unmarried. 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	\$ 0	\$N/A	\$	\$N/A
Self-employment <i>RECY</i>	\$ 0	\$N/A	\$	\$N/A
Income from real property (such as rental income)	\$N/A	\$N/A	\$N/A	\$N/A
Interest and dividends	\$N/A	\$N/A	\$N/A	\$N/A
Gifts	\$	\$N/A	\$	\$N/A
Alimony	\$N/A	\$N/A	\$N/A	\$N/A
Child support	\$N/A	\$N/A	\$N/A	\$N/A
Retirement (such as social security, pensions, annuities, insurance) VA	\$ 3,672.50	\$N/A	\$	\$N/A
Disability (such as social security, insurance payments) SSDI	\$ 1,371.00	\$N/A	\$	\$N/A
Unemployment payments	\$N/A	\$N/A	\$	\$N/A
Public-assistance (such as welfare)	\$N/A	\$N/A	\$N/A	\$N/A
Other (specify):	\$ INSURANCE	\$N/A	\$	\$N/A
Total monthly income:	\$ 643.53	\$N/A	\$	\$N/A

2. List your 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
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N/A	N/A	N/A	\$N/A
N/A	N/A	N/A	\$N/A
N/A	N/A	N/A	\$N/A

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.) Mr. David John Thistle is a retired 100% Combat Related Service-Connected Disabled Veteran.

Employer	Address	Dates of employment	Gross monthly pay
US Dept. of V.A.			\$ 3,672.5
SSDI			\$ 1,371.
Recycling			\$ VARIES

4. How much cash do you have? \$200.00

Below, state any money you have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
USAA	Checking	\$100.00 137.61	\$N/A
USAA	Checking	\$100.00 219.64	\$N/A
Navy Federal -Eastern Bank	Savings-Savings	Navy Fed \$1.00 Eastern Bank \$1.00	\$N/A

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$10,000

		Make and year: KIA 2016
		Model: SOUL
		Registration #:8VMG630 (CA)

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) N/A	(Value) \$N/A
Make and year:	N/A	N/A
Model:	N/A	N/A
Registration #:	N/A	N/A

6. State every person, business, or organization owing you money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NONE	\$N/A	\$N/A
N/A	\$N/A	\$N/A
N/A	\$N/A	\$N/A
N/A	\$N/A	\$N/A

7. State the persons who rely on you for support.

Name [or, if under 18, initials only]	Relationship	Age
NONE	NONE	NONE
N/A	N/A	N/A
N/A	N/A	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, semiannually, or annually to show the monthly rate.

	You	Your Spouse

Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$3,000	\$N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$50.00	\$N/A
Home maintenance (repairs and upkeep)	\$100.00	\$N/A
Food	\$380.00	\$N/A
Clothing	\$150.00	\$N/A
Laundry and dry-cleaning	\$50.00	\$N/A
Medical and dental expenses	\$360.00	\$N/A
Transportation (not including motor vehicle payments)	\$500.00	\$N/A
Recreation, entertainment, newspapers, magazines, etc.	\$100.00	\$N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$N/A	\$N/A
Life:	\$N/A	\$N/A
Health:	\$N/A	\$N/A
Motor vehicle:	\$190.00	\$N/A
Other:	\$	\$N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$N/A	\$N/A
Installment payments		
Motor Vehicle:	\$400.00	\$N/A
Credit card (name): Daniels Jewelers	\$50.00	\$N/A
Department store (name): TuffShed	\$600.00	\$N/A
Other: Phone	\$50.00	\$N/A
Alimony, maintenance, and support paid to others	\$N/A	\$N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement) Court Copy Fees, Service Fees		\$N/A
Other (specify): UPS Po Box and Copy & Service Fees (Court)	\$750.00	\$N/A
Total monthly expenses:	\$	\$N/A

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 spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? Yes No*

If yes, how much? \$Unknown

The Service Fees were paid to Serve all Defendants multiple times (3 in total) due to the unprofessional activities of the Service Organization. The Service Officer and Company failed to Serve the Documents properly causing a delay in the case and due to delays of the Service Officer's Forms a cancelation of the Case Complaint causing extreme fiscal hardship. It is believed this improper Service was done with malice due to Political Affiliations of the Partners and/or Service Officers involved in the Service of this case. Moreover, as a Disabled Veteran, the Plaintiff, Mr. David John Thistle, has very limited funds monthly to pay for living expenses. In addition to the aforementioned, the copy fees and travel fees to file the documents as well as the time dedicated to this case complaint and complaints is fiscally nearly impossible for the Plaintiff, Mr. David John Thistle, to fiscally afford. These cases have multiple questions inclusive of Constitutional Questions and Civil Rights Questions.

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

As a Disabled Veteran the fees are unaffordable to the Plaintiff. This case covers a multitude of case filings. And, the Plaintiff, Mr. David John Thistle, is currently Transient or Homeless.

To cover most of the added expenses for the Court Fees including Copy Fees, Service Fees with Shipping, and Travel Fees, the Plaintiff, Mr. David John Thistle, has taken loans from the Veterans Group Life Insurance Policies he has from the U.S. Dept. of Veterans Affairs Insurance program. Moreover, the Plaintiff, Mr. David John Thistle, has been diligently picking up recycled products off of the beaches and roadways and cashing them in for the additional monies needed for the cost of living as he pursued these case complaints in defense of the Construction of the Constitution and the Civil Rights of the disenfranchised Citizens. Therefore, the Plaintiff, Mr. David John Thistle, respectfully requests the Court to Waive the Fess for this Case Complaint.

Please NOTE: this case was recorded at the SUPREME COURT OF THE UNITED STATES. THE COPY FEES to file even as indigent are an enormous financial difficulty for the Plaintiff.

12. . State the city and state of your legal residence. San Diego, California

Your daytime phone number: (619) 603-2466

Your age: 52 Your years of schooling: 14

Last four digits of your social-security number: 8775

I AFFIRM NO CHANGES



13 DECEMBER 2022

VA



U.S. Department of Veterans Affairs

VA San Diego Healthcare System

3350 La Jolla Village Drive
San Diego, CA 92161
www.sandiego.va.gov

August 26, 2022

To whom it may concern,

Please consider the attached letter, Summary of Benefits, as proof that Mr. Thistle (DOB: 06/30/1970) is a 100% service connected disabled Veteran.

Please feel free to reach out with any further questions or concerns.

Best regards,

A handwritten signature in black ink, appearing to read "BV", written over a large, sweeping flourish that extends to the right.

Brian Vasquez, ASW
VA Medical Center
3350 La Jolla Village Dr.
San Diego, CA 92161
(858) 642-3798



Department of Veterans Affairs
6437 Garners Ferry Road
Columbia, SC 29209

August 26, 2022

DAVID J THISTLE
5580 LA JOLLA BLVD
STE 360
LA JOLLA CA 92037

In Reply Refer To: 319/NCC/CS
CSS XXXXX8775
Thistle D J

Dear David J Thistle,

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: XXXXXX775
You are the Veteran.

Military Information

The character(s) of discharge and service date(s) of the veteran include:
Honorable, Navy, 11/29/1995-11/26/1996
(There may be additional periods of service not listed above)

VA Benefits Information

Service-connected disability: Yes
Your combined service-connected evaluation is: 100%
Your current monthly award amount is: \$3,847.97
Are you entitled to a higher level of disability due to being unemployable: No
Are you considered to be totally and permanently disabled due to your service-connected disabilities:
Yes: Established 09/06/1999
Are you service-connected for loss of or loss of use of a limb, or are you totally blind in or missing at least one eye: No
Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant: No

You should contact your state or local office of veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of veterans' affairs are available at <http://www.va.gov/statedva.htm>.

Do you know about VA.gov?

The new VA.gov design focuses on the top information Veterans seek out across all VA websites. This homepage also provides Veterans with a standard way to log in to access a personalized user experience. Users are able to log into VA.gov via their existing MyHealtheVet, DS Logon, or ID.me credentials.

As VA continues to transition self-service capabilities from eBenefits to VA.gov, there are limited functions available exclusively in eBenefits. All eBenefits functionality has been transitioned to VA.gov except:

- Request for Certificate of Eligibility
- Chapter 31 VRE application
- POA Search and VAF 21-22/a submission
- Specially Adapted Housing (SAH) or Special Home Adaptation (SHA) grant application
- Order prosthetic socks
- View My Document

To register for an account, follow the online prompts on VA.gov.