

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2021

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

DeCere Travis Shane

MAILING ADDRESS :

2516 SW 17th Place

CITY :

Cape Coral

ZIP :

33914

COUNTY :

Lee

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CRB Board / Cape Competes Board.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
My Realty Story LLC	601 Del Prado Boulevard North Suite 8	Real Estate Consulting
KKI Ventures Inc	601 Del Prado Boulevard North Suite 8	Real Estate Sales / PM / Lending

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
CC&D Holdings of FL	Commerical Investment	601 Del Prado Blvd N	Own 15 Units Commercial
Decanes Holdings LLC	Real Estate Investments	2516 SW 17th Place	Res. Investments and Flips
Decanes Equity LLC	Real Estate Investments	2516 SW 17th Place	Residential Income Prop.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

601 Del Prado Boulevard North Cape Coral FL 33914
2516 SW 17th Place Cape Coral FL 33914
1617 SW 27th Terrace Cape Coral FL 33914
4216 SW 5th Place Cape Coral FL 33914 (See attached for additional)

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out located on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	My Realty Story LLC	Decanes Holdings LLC
ADDRESS OF BUSINESS ENTITY	601 Del Prado Boulevard North Suite 8	2516 SW 17th Place Cape Coral 33914
PRINCIPAL BUSINESS ACTIVITY	Real Estate Consulting	Real Estate Investments / Flips
POSITION HELD WITH ENTITY	Managing Member / Owner	Managing Member / Owner
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes, 50%	Yes, 50%
NATURE OF MY OWNERSHIP INTEREST	Owner	Owner Manager

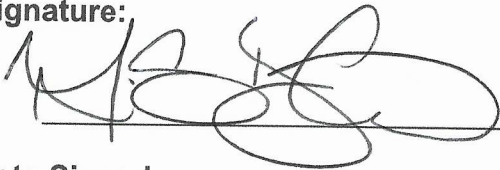
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:

July 12th, 2022

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEFom1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

Part C. Continued Real Property:

931 SE 5th Place, Cape Coral FL 33914

2626 Bayshore Drive, Matlacha FL 33993

2524 SW 17th Place, Cape Coral FL 33914

1079 Tatesbrook Drive, Lexington KY 40517

2214 Coral Point Drive, Cape Coral FL 33904

921 Naples Avenue South, Lehigh Acres FL

Part F Continued Interests in Specified Businesses:

CC & D Holdings of Florida LLC

2516 SW 17th Place Cape Coral FL 33914

50% Ownership Managing Member / Owner

Decanes Equity LLC

2516 SW 17th Place Cape Coral FL 33914

50% Ownership Managing Member / Owner

KKI Ventures Inc

601 Del Prado Boulevard North Suite 8

Cape Coral FL 33909

0% Ownership / Managing Member Qualifying Broker