Date	e:	10/19/2021	10/19/2021		
Your Name: [Melissa Lamar, Ph.D.]					
Manuscript Title:		Stability and Change in Accu	Stability and Change in Acculturation-related Characteristics in Older Latinos		
Mar	Manuscript Number (if known): _ TRCI-D-22-0014				
con affe indi The epic	tent of your manuscrip cted by the content of cate a bias. If you are author's relationships, demiology of hypertens	t. "Related" means any relation with the manuscript. Disclosure represer n doubt about whether to list a relat activities/interests should be define ion, you should declare all relationsh	ionships/activities/interests listed below that are related to the h for-profit or not-for-profit third parties whose interests may be nts a commitment to transparency and does not necessarily tionship/activity/interest, it is preferable that you do so. ed broadly. For example, if your manuscript pertains to the hips with manufacturers of antihypertensive medication, even if		
In it	that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		Name all entities with whom you ha relationship or indicate none (add re		were	
		Time frame: Since	the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	P30 AG010161, P30AG72975, R01A R01 AG17917, and R01 AG062711	AG15819, All NIH grants paid to our institute Click the tab key to add additional rows.		
	this item.				
		Timo fra	ame: nast 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time fra [⊠] None	ame: past 36 months		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:			

Dat	e:		11/4/2022			
You	ır Name:		[Crystal M. Glover]			
Manuscript Title:			Stability and Change in Acculturation-related Characteristics in Older Latinos			
Manuscript Number (if known): TRCI-D-22-0014						
con affe indi The epic that	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.					
			all entities with whom you have this nship or indicate none (add rows as needed)		Specifications/Comments (e.g., if payments were made to you or to your institution)	e
			Time frame: Since the initial planning	g of	the work	
1	All support for the present manuscript		None			
	(e.g., funding, provision of study		G010161, P30AG72975, R01AG15819,	All	NIH grants paid to our institute	
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	materials, medical	RO1 A	G17917, and R01 AG062711			
	writing, article	R01 A	G17917, and R01 AG062711		k the tab key to add additional rows.	
	writing, article processing charges, etc.)	R01 A	G17917, and R01 AG062711		k the tab key to add additional rows.	
	writing, article processing	RU1 A	G17917, and R01 AG062711		k the tab key to add additional rows.	
	writing, article processing charges, etc.) No time limit for	RU1 A	G17917, and R01 AG062711 Time frame: past 36 mon	Clicl	k the tab key to add additional rows.	
2	writing, article processing charges, etc.) No time limit for			Clicl	k the tab key to add additional rows.	
2	writing, article processing charges, etc.) No time limit for this item. Grants or contracts from		Time frame: past 36 mon	Clicl	k the tab key to add additional rows.	
2	writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item		Time frame: past 36 mon	Clicl	k the tab key to add additional rows.	
2	writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not		Time frame: past 36 mon	Clicl	k the tab key to add additional rows.	
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	writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item		Time frame: past 36 mon	Clicl	k the tab key to add additional rows.	
	writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or		Time frame: past 36 mon	Clicl	k the tab key to add additional rows.	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:			

Date:		10/24/2021	10/24/2021		
Your Name:		[Ana W. Capuano]	[Ana W. Capuano]		
Mar	uscript Title:	Stability and Change in Acculturation-relate	Stability and Change in Acculturation-related Characteristics in Older Latinos		
Mar	Manuscript Number (if known): TRCI-D-22-0014				
contaffe indicate that	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		Name all entities with whom you have this relationship or indicate none (add rows as needed	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial plann	ng of the work		
1	All support for the	□ None			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	P30 AG010161, P30AG72975, R01AG15819, R01 AG17917, and R01 AG062711	All NIH grants paid to our institute Click the tab key to add additional rows.		
	(e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	·	Click the tab key to add additional rows.		
2	(e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	R01 AG17917, and R01 AG062711	Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Alzheimer's Association	Travel support as an invited speaker
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Northwestern University	Communication Bridge: A person-centered internet-based intervention for individuals with primary progressive aphasia, PI Emily J. Rogalski, Ph.D.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Alzheimer's Association- ISTAART	Chair Design and Data Analytic PIA

			tities with whom you have this or indicate none (add rows as needed)	_	pecifications/Comments (e.g., if payments we nade to you or to your institution)	re
11	Stock or stock options	[⊠] None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None				
13	Other financial or non-financial interests	[⊠] None				
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:					

Date:		11/2/2022			
You	ır Name:	Robert S. Wilson, PhD			
Manuscript Title:		Stability and Change in Accultu	Stability and Change in Acculturation-related Characteristics in Older Latinos		
Mai	nuscript Number (if kn	own): TRCI-D-22-0014	TRCI-D-22-0014		
con affe indi The epic that	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time				
tran	ne for disclosure is the	oast 36 months.			
		ame all entities with whom you have the lationship or indicate none (add rows			
		Time frame: Since the ini	tial planning of the work		
1	All support for the	□ None			
	present manuscript (e.g.,	 P30 AG010161, P30AG72975, R01AG15	819, All NIH grants paid to our institute		
	manuscript (e.g., funding, provision	1	819, All NIH grants paid to our institute		
	funding, provision of study materials, medical writing,	 P30 AG010161, P30AG72975, R01AG15	819, All NIH grants paid to our institute Click the tab key to add additional rows.		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	 P30 AG010161, P30AG72975, R01AG15			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	 P30 AG010161, P30AG72975, R01AG15			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	P30 AG010161, P30AG72975, R01AG15 R01 AG17917, and R01 AG062711	Click the tab key to add additional rows.		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	 P30 AG010161, P30AG72975, R01AG15	Click the tab key to add additional rows.		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	P30 AG010161, P30AG72975, R01AG15 R01 AG17917, and R01 AG062711 Time frame: p.	Click the tab key to add additional rows.		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	P30 AG010161, P30AG72975, R01AG15 R01 AG17917, and R01 AG062711 Time frame: p.	Click the tab key to add additional rows.		
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		Name all entities with whom you	Specifications/Comments (e.g., if
4	Consulting fees	have this relationship or indicate none (add rows as needed) None	payments were made to you or to your institution)
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
6	manuscript writing or educational events Payment for expert testimony		
7	Support for	None	
	attending meetings and/or travel		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	│	
10	Leadership or fiduciary role in other board,	society, committee or advocacy group, paid or	
11		12/13/2021	ICMJE Disclosure Form

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	e following statement to indicate your agreement your	

13 12/13/2021 ICMJE Disclosure Form

Date:	10/24/2021
Your Name:	Debra Fleischman
Manuscript Title:	Stability and Change in Acculturation-related Characteristics in Older Latinos
Manuscript Number (if known):	TRCI-D-22-0014

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Dat	e:	8/26/2021			
Your Name:		David Bennett	David Bennett		
Mai	nuscript Title:	Stability and Change in Acculturation-	elated Characteristics in Older Latinos]		
Mai	nuscript Number (if kı	nown): TRCI-D-22-0014			
con affe indi The epic that	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	P30 AG010161, P30AG72975, R01AG15819, R01 AG17917, and R01 AG062711	All NIH grants paid to our institute Click the tab key to add additional rows.		
	this item.				
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 n [None Neurovision, Inc	Institution		
3	Royalties or licenses	None ■			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		BX4	To me
5	Payment or	[□] None	
	honoraria for lectures,	Academic	To me
	presentations, speakers	NGO NIH	
	bureaus, manuscript writing or educational	NIII	
	events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
	travei		
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data Safety	□ None	
	Monitoring Board or	AbbVie	To me
	Advisory Board	Academia NIH	To me To me
10	Leadership or	None	
	fiduciary role in		1
	other board, society,		
	committee or		
	advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	10/24/2022
Your Name:	[David X. Marquez]
Manuscript Title:	Stability and Change in Acculturation-related Characteristics in Older Latinos
Manuscript Number (if known):	TRCI-D-22-0014

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3	Royalties or licenses	None None □	

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7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
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