Date:	12/12/2023
Your Name:	Annie Thach
Manuscript Title:	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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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		e all entities with whom you have this onship 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 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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	
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/12/2023
Your Name:	Claire Butler
Manuscript Title:	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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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:	12/11/2023
Your Name:	Caden M Henningfield
Manuscript Title:	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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3	Royalties or licenses	None	

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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	
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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	
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:	12/11/2023
Your Name:	Celia Da Cunha
Manuscript Title:	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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3	Royalties or licenses	None	

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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	
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13	Other financial or non-financial interests	None 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:	12/7/2023
Your Name:	Giedre Milinkeviciute
Manuscript Title:	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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			i i
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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:	12/7/2022
Your Name:	Heidi Yahan Liang
Manuscript Title:	The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage
Manuscript Number (if known):	ADJ-D-23-01301

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	Time frame: past 36 month	s
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	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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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:	12/12/2023
Your Name:	Kai-Xuan Shi
Manuscript Title:	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage
Manuscript Number (if known):	ADJ-D-23-01301

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7	Support for attending meetings and/or travel	None None	
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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:	12/13/2022
Your Name:	Lindsay Hohsfield
Manuscript Title:	The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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	
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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:	12.07.2023
Your Name:	Narges Rezaie
Manuscript Title:	The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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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 wo	rding of any of the questions on this form.

Date:	12/19/2023
Your Name:	Jonathan Neumann
Manuscript Title:	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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3	Royalties or licenses	None	

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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	

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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:	12/7/2023
Your Name:	Shuling Wang
Manuscript Title:	The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage
Manuscript Number (if known):	ADJ-D-23-01301

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7	Support for attending meetings and/or travel	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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:	12/12/2023
Your Name:	Shimako Kawauchi
Manuscript Title:	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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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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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:	12/5/2023
Your Name:	Dominic Ibarra Javonillo
Manuscript Title:	The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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.

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	made to you or to your institution)
		Time frame: Since the initial planning of	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.	National Institute of Aging U54 AG054349	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

			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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/7/2023
Your Name:	Frank M. LaFerla
Manuscript Title:	The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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)
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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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/6/2023	
Your Name:	Grant R MacGregor	
Manuscript Title:	The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.	
Manuscript Number (if known):	ADJ-D-23-01301	
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 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.	National Institute for Aging, National Institutes of Health	U54 AG054349 Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	

			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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			12/6/2023		
You	ır Name:		Kim Green		
Ma	nuscript Title:		The Abca7V1613M variant reduces Abeta g	generation, plaque load, and neuronal damage.	
Ma	nuscript Number (if kı	nown):	ADJ-D-23-01301		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ipt. "Rela of the mar e in doubt os/activitie nsion, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. des/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
			·	vithout time limit. For all other items, the time	
			l entities with whom you have this hip 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 planning	, ,	
1	All support for the present manuscript (e.g.,	[□ No	one	, ,	
1	present manuscript (e.g., funding, provision	[□ No		of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	□ N c	one	of the work	
1	present manuscript (e.g., funding, provision of study materials,	□ N c	one	of the work U54 AG054349	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ N c	one	of the work U54 AG054349 Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa Health No.	one al Institute for Aging, National Institutes of	of the work U54 AG054349 Click the tab key to add additional rows.	

			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	Ashvattha Therapeutics	Stock options	
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:		_	12/6/2023			
Your Name:			Mark Mapstone			
Mar	nuscript Title:		The Abca7V1613M variant reduces Abeta g	generation, plaque load, and neuronal damage.		
Mar	nuscript Number (if k	nown):	ADJ-D-23-01301			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the mar e in doubt as/activitiension, you entioned	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.		
			entities with whom you have this hip 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 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.		G054349	Click the tab key to add additional rows.		
			Time frame: past 36 month	as		
2	Grants or contracts from any entity (if not indicated in item #1 above).	U19 A U19 A R01 A	G078109 G068054 G056726 G058644			
3	Royalties or licenses		rsity of Rochester	Royalty payments to Dr. Mapstone		

		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	US Patent #7,645,140 US Patent #10,578,629 US Patent #10,718,021 US Patent #10,890,589 US Patent #10,900,977 US Patent #10,900,980	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Scientific Advisory Board Scientific Advisory Board Scientific Advisory Board Chair, NIH/NIA Data and Safety Monitoring Board.	Brain Neurotherapy Bio, Inc Davis Phinney Foundation for Parkinson's Alzheon, Inc Efficacy and Mechanisms of Combined Aerobic Exercise and Cognitive Training (ACT) in Mild Cognitive Impairment (MCI): The ACT Trial
10	Leadership or fiduciary role in other board,	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)		
	society, committee or advocacy group, paid or unpaid				
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:	12/13/2023
Your Name:	Sherilyn Collins
Manuscript Title:	The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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

			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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

12/09/2023.

Adrian Mendoza-Arvilla

Manuscript Title:			The Abca7V1613M variant reduces AB generation, plaque load, and neuronal damage		
Manuscript Number (if known):		known):			
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the made a bias. If you are in doubt about of the author's relationships/activit epidemiology of hypertension, you that medication is not mentioned."		ript. "Rela of the man ot about w os/activition entioned all suppor	ort for the work reported in this manuscript without time limit. For all other items, the time		
			I entities with whom you have this ship 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 planning	of the work	
	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.	☑ No	one	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item	☑ N	Time frame: past 36 month	s	
	#1 above).				
3	Royalties or licenses	☑ No	one		

Date:

Your Name:

		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	
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	☑ 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)		
	other board, society, committee or advocacy group, paid or unpaid				
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			
	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:	12/4/2023
Your Name:	Andrea J. Tenner
Manuscript Title:	"The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage."
Manuscript Number (if known):	ADJ-D-23-01301

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH NIA R21 AG068573 (MPI R. Spitale, A.J. Tenner MPI) Edythe M. Laudati Memorial Fund (AJT) NIH NIA R01 AG060148 (MPI, A.J. Tenner, A. Mortazavi) NIH NIA R21 AG061746 (AJT)	
3	Royalties or licenses		

		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	
		Apellis	Payment to me
		Forbion Montis	Payment to me Payment to me
		IVIOITUS	rayment to me
5	Payment or honoraria for	□ None	
	lectures,	Seminar: Med Univ of South Carolina	Honorarium to self
	presentations,	Seminar: Michigan State University	Honorarium to self
	speakers	Seminar: Alnylam	Honorarium to self
	bureaus, manuscript	Award Presentation: Society of Leukocyte Biology	Donated to Soc. Leuk, Biol.
	writing or educational	Seminar: Un. Of Colorado Med Campus, Denver	Donated to Un of Colo., Denver
	events		
6	Payment for expert testimony		
7	Support for attending	□ None	
	meetings and/or	Society for Leukocyte Biology	Covered Travel and Meeting expenses only
	travel	Aegean Conferences	Covered Travel and Meeting expenses only
		Hanson Wade: Complement Based Drug Dev.	Covered Travel and Meeting expenses only
8	Patents planned, issued or	□ None	
	pending	U.S. Patent # 5,965,439.	issued October 12, 1999.
9	Participation on a Data Safety	None	
	Monitoring Board or		
	Advisory Board		
10	Leadership or	⊠ None	
	fiduciary role in other board,		
	society,		
	committee or		
	advocacy group,		
	paid or unpaid		
	<u>.</u>		

		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:	12/12/2023
Your Name:	Amber Walker
Manuscript Title:	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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Time frame: Since the initial planning of the work		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			12/21/2023	
Your Name:			Ali Mortazavi	
Manuscript Title:			The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage.	
Ма	nuscript Number (if k	nown):	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage. ADJ-D-23-01301 ask you to disclose all relationships/activities/interests listed below that are related to the ed" means any relation with for-profit or not-for-profit third parties whose interests may be ascript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. s/interests should be defined broadly. For example, if your manuscript pertains to the	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activities."		ipt. "Rela of the man e in doubt s/activitions	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily at about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the bu should declare all relationships with manufacturers of antihypertensive medication, even if	
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			entities with whom you have this hip 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 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.		Time frame: Since the initial planning one AG054349	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIA U54	AG054349	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	
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.			

Date:	12/11/2023
Your Name:	Angela Gomez-Arboledas
Manuscript Title:	The Abca7V1613M variant reduces Aβ generation, plaque load, and neuronal damage.
Manuscript Number (if known):	ADJ-D-23-01301

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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.

			e all entities with whom you have this onship 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 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.		None	Click the tab key to add additional rows.		
		Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
3	Royalties or licenses		None			

			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	None 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 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		
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.				