| Date <u>:</u>     | 06-02-2021                      |             |               |            |           |           |                |     |
|-------------------|---------------------------------|-------------|---------------|------------|-----------|-----------|----------------|-----|
| Your Name:        |                                 | Rui Zhang   |               |            |           |           |                | _   |
| Manuscript Title: | Dopamine D1 and D2              | receptors a | re distinctly | associated | with rest | -activity | <u>rhythms</u> | and |
| drug reward       |                                 |             |               |            |           |           |                |     |
| Manuscript numbe  | er (if known): <u>149722-</u> , | JCI-CMED-RV | / <u>-2</u>   |            |           |           |                |     |

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from   | None   |   |
|   | any entity (if not indicated   |  |   |
|   | in item #1 above).   |  |   |
| 3 | Royalties or licenses  | None   |   |
|   |  |  |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |

| Date <u>:</u>       | 06-02-2021                   |  |
|---------------------|------------------------------|--|
| Your Name:          |                              | Peter Manza  |
| Manuscript Title: D | opamine D1 and D2            | receptors are distinctly associated with rest-activity rhythms and |
| drug reward         | -                            |  |
| Manuscript numbe    | r (if known): <u>149722-</u> | CI-CMED-RV-2   |

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None   |   |
| 3 | Royalties or licenses  | None   |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |

| Date <u>:</u>     | 06-02-2021                   |   |
|-------------------|------------------------------|---|
| Your Name:        |                              | Dardo Tomasi  |
| Manuscript Title: | Dopamine D1 and D2           | <u>2 receptors are distinctly associated with rest-activity rhythms and</u> |
| drug reward       |                              |   |
| Manuscript numbe  | r (if known): <u>149722-</u> | JCI-CMED-RV-2   |

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from   | None   |   |
|   | any entity (if not indicated   |  |   |
|   | in item #1 above).   |  |   |
| 3 | Royalties or licenses  | None   |   |
|   |  |  |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |

| Date <u>:</u>       | 06-02-2021                      |  |
|---------------------|---------------------------------|--|
| Your Name:          |                                 | Sung Won Kim   |
| Manuscript Title: D | opamine D1 and D2               | receptors are distinctly associated with rest-activity rhythms and |
| drug reward         |                                 |  |
| Manuscript numbe    | r (if known): <u>149722-J</u> ( | CI-CMED-RV-2   |

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|---|---|
|   | -  |   |   |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None  |   |
| 3 | Royalties or licenses  | None  |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |

| Date:               | 06-02-2021                     |  |
|---------------------|--------------------------------|--|
| Your Name:          |                                | Ehsan Shokri-Kojori  |
| Manuscript Title: D | opamine D1 and D2              | 2 receptors are distinctly associated with rest-activity rhythms and |
| drug reward         | -                              |  |
| Manuscript numbe    | r (if known): <u>149722-</u> , | JCI-CMED-RV-2  |

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None   |   |
| 3 | Royalties or licenses  | None   |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |

| Date <u>:</u>     | 06-02-2021                    |  |
|-------------------|-------------------------------|--|
| Your Name:        |                               | Sukru B Demiral  |
| • •               | opamine D1 and D2             | receptors are distinctly associated with rest-activity rhythms and |
| drug reward       |                               |  |
| Manuscript number | r (if known): <u>149722-J</u> | ICI-CMED-RV-2  |

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | x_None   |   |
| 3 | Royalties or licenses  | x_None   |   |

| 4  | Consulting fees                                   | xNone  |  |
|----|---|--------|--|
|    |   |        |  |
|    |   |        |  |
| 5  | Payment or honoraria for                          | x_None |  |
|    | lectures, presentations,                          |        |  |
|    | speakers bureaus,                                 |        |  |
|    | manuscript writing or<br>educational events       |        |  |
| 6  | Payment for expert                                | x None |  |
| 0  | testimony   |        |  |
|    | testimony   |        |  |
| 7  | Support for attending                             | x None |  |
| ,  | meetings and/or travel                            |        |  |
|    |   |        |  |
|    |   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or                        | x_None |  |
|    | pending   |        |  |
|    |   |        |  |
| 9  | Participation on a Data                           | _xNone |  |
|    | Safety Monitoring Board or                        |        |  |
|    | Advisory Board                                    |        |  |
| 10 | Leadership or fiduciary role                      | _xNone |  |
|    | in other board, society,<br>committee or advocacy |        |  |
|    | group, paid or unpaid                             |        |  |
| 11 | Stock or stock options                            | x None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment,                             | _xNone |  |
|    | materials, drugs, medical                         |        |  |
|    | writing, gifts or other                           |        |  |
|    | services  |        |  |
| 13 | Other financial or non-                           | x_None |  |
|    | financial interests                               |        |  |
|    |   |        |  |

| Date:             | 06-02-2021                   |  |
|-------------------|------------------------------|--|
| Your Name:        |                              | Danielle S. Kroll  |
| Manuscript Title: | Oppamine D1 and D            | 2 receptors are distinctly associated with rest-activity rhythms and |
| drug reward       | -                            |  |
| Manuscript numbe  | r (if known): <u>149722-</u> | JCI-CMED-RV-2  |

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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None   |   |
| 3 | Royalties or licenses  | None   |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |

| Date <u>:</u>     | 06-02-2021                    |  |
|-------------------|-------------------------------|--|
| Your Name:        |                               | Dana E. Feldman  |
| Manuscript Title: | Dopamine D1 and D             | 2 receptors are distinctly associated with rest-activity rhythms and |
| drug reward       |                               |  |
| Manuscript numbe  | er (if known): <u>149722-</u> | JCI-CMED-RV-2  |

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from   | None   |   |
|   | any entity (if not indicated   |  |   |
|   | in item #1 above).   |  |   |
| 3 | Royalties or licenses  | None   |   |
|   |  |  |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |

| Date <u>:</u>     | 06-02-2021                   |  |
|-------------------|------------------------------|--|
| Your Name:        |                              | Katherine L. McPherson   |
| Manuscript Title: | Dopamine D1 and D2           | receptors are distinctly associated with rest-activity rhythms and |
| drug reward       |                              |  |
| Manuscript numbe  | er (if known): <u>149722</u> | JCI-CMED-RV-2  |

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None   |   |
| 3 | Royalties or licenses  | None   |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |

| Date <u>:</u>     | 06-02-2021                    |  |
|-------------------|-------------------------------|--|
| Your Name:        |                               | Catherine L. Biesecker   |
| Manuscript Title: | Dopamine D1 and D2            | 2 receptors are distinctly associated with rest-activity rhythms and |
| drug reward       | -                             |  |
| Manuscript numb   | er (if known): <u>149722-</u> | JCI-CMED-RV-2  |

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None   |   |
| 3 | Royalties or licenses  | None   |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |

| Date <u>:</u>     | 06-02-2021                    |  |
|-------------------|-------------------------------|--|
| Your Name:        |                               | Gene-Jack Wang   |
| Manuscript Title: | Dopamine D1 and D2            | 2 receptors are distinctly associated with rest-activity rhythms and |
| drug reward       | -                             |  |
| Manuscript numbe  | er (if known): <u>149722-</u> | JCI-CMED-RV-2  |

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | None   |   |
| З | Royalties or licenses  | None   |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |

| Date:             | 06-02-2021                   |  |
|-------------------|------------------------------|--|
| Your Name:        |                              | Nora D. Volkow   |
| Manuscript Title: | Oppamine D1 and D2           | 2 receptors are distinctly associated with rest-activity rhythms and |
| drug reward       | -                            |  |
| Manuscript numbe  | r (if known): <u>149722-</u> | JCI-CMED-RV-2  |

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|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute on<br>Alcohol Abuse and<br>Alcoholism<br>(ZIAAA000550)                                |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from   | None   |   |
|   | any entity (if not indicated   |  |   |
|   | in item #1 above).   |  |   |
| 3 | Royalties or licenses  | None   |   |
|   |  |  |   |

| 4  | Consulting fees                                   | None |  |
|----|---|------|--|
|    |   |      |  |
|    |   |      |  |
| 5  | Payment or honoraria for                          | None |  |
|    | lectures, presentations,                          |      |  |
|    | speakers bureaus,                                 |      |  |
|    | manuscript writing or<br>educational events       |      |  |
| 6  | Payment for expert                                | None |  |
| 0  | testimony   |      |  |
|    | testimony   |      |  |
| 7  | Support for attending                             | None |  |
|    | meetings and/or travel                            |      |  |
|    |   |      |  |
|    |   |      |  |
|    |   |      |  |
| 8  | Patents planned, issued or                        | None |  |
|    | pending   |      |  |
|    |   |      |  |
| 9  | Participation on a Data                           | None |  |
|    | Safety Monitoring Board or                        |      |  |
|    | Advisory Board                                    |      |  |
| 10 | Leadership or fiduciary role                      | None |  |
|    | in other board, society,<br>committee or advocacy |      |  |
|    | group, paid or unpaid                             |      |  |
| 11 | Stock or stock options                            | None |  |
|    |   |      |  |
|    |   |      |  |
| 12 | Receipt of equipment,                             | None |  |
|    | materials, drugs, medical                         |      |  |
|    | writing, gifts or other                           |      |  |
|    | services  |      |  |
| 13 | Other financial or non-                           | None |  |
|    | financial interests                               |      |  |
|    |   |      |  |