



**City of Sioux Falls  
Board of Ethics  
Request for Advisory Opinion**

Name of Individual Requesting Opinion: Galen Smidt - Assistant Chief of Police  
Address: 320 W. 4th Street, Sioux Falls, SD 57104  
Telephone Number: (605) 367-7261  
Email Address: gsmidt@siouxfalls.org

Statement of the situation giving rise to the request for an advisory opinion. Include names of individuals, locations, and dates, as applicable.

The first 3 weeks of July was a volatile time of violence in our country with police officer shootings in Dallas, Texas & Baton Rouge, Louisiana that resulted in the deaths of eight officers. During this time the Sioux Falls Police Department has received an enormous amount of support from the citizens of Sioux Falls. We have received thanks of support through letters, emails, hugs, handshakes & snacks delivered to the PD for our officers. The policy of the Sioux Falls Police Department is that consumable items can be accepted as long as they are consumed on premises.

Two churches in Sioux Falls dropped off handwritten notes of encouragement for officers with gift cards to restaurants in Sioux Falls to be utilized by officers. The gift cards range in value of \$5 - \$25. Between the two churches, there are enough gift cards for each police department employee.

As the gifts were not solicited by any member of the department but rather a showing of thanks & support by local churches, we are asking for an opinion from the Board of Ethics on how to proceed.

Thank you

*Please be advised that the Board of Ethics may hear and discuss requests for advisory opinions in executive session only to the extent allowed by law. Even if an executive session is allowed, the Board must take any final action on the matter in a public meeting, where they must reveal your name and the general substance of your inquiry. If you have any pertinent and sensitive details to your inquiry that you wish to remain confidential, please share them with the Board during a possible executive session rather than placing them on this form or stating them in an open meeting of the Board.*

I request that this information be kept confidential: Yes \_\_\_\_\_ No X

The information provided is true to the best of my knowledge and belief.

Signature: Galen Smidt Date: 7-22-16

Received by: Carli Vanzel Date: 7-25-16

*Please return completed form to the City Attorney's Office.*