

Illinois Department of Human Rights State or local Agency, if any

NAME (Mr./Mrs.) AMY (BECHTEL) WILKES HOME TELEPHONE (Include Area Code) (708) 670-6204

STREET ADDRESS CITY, STATE AND ZIP CODE DATE OF BIRTH 16734 Lakewood Drive, Tinley Park, Illinois 60477

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COM STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one, list below)

NAME CHICAGO WHITE SOX: CHICAGO WHITE SOX, LTD. : CHISOX CORP. NUMBER OF EMPLOYEES, MEMBERS 15+ TELEPHONE (Include Area Code) (312) 674-1000

STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY 333 West 35th Street, Chicago, Illinois 60618 Cook

NAME TELEPHONE (Include Area Code)

STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) DATE DISCRIMINATION TO: EARLIEST (ADE/AEPA) LA 04/ CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)) I. A. ISSUE/BASIS DISCHARGE - APRIL 15, 2003, DUE TO MY GENDER, FEMALE B. PRIMA FACIE ALLEGATIONS 1. My gender is female. -> true -> 2. My performance as a "ball girl" for the Chicago White Sox major league baseball franchise was within Respondent's legitimate expectations and had been performed for 7 years without any complaint or performance related issues. 3. On April 15, 2003, I was discharged by Ken Williams Senior Vice President and General Manager/ The reason given by Williams for the discharge was a

CONTINUED ON BACK I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone Number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (where necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief

I declare under penalty of perjury that the foregoing is true and correct. OFFICIAL SEAL Renee Becker Notary Public, State of Illinois My Commission Expires 3/17/04

SIGNATURE OF COMPLAINANT 10/9/03 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, Month, Year)

RECEIVED OCT 09 2003 INTAKE UNIT DEPT. OF HUMAN RIGHTS